THE LANCET.

VOL. I.] LONDON, SATURDAY, NOVEMBER 22, 1834. [1834-35.

PHYSIOLOGY.

LECTURES
ON THE
PHYSICAL CONDITIONS
OF THE
TISSUES OF THE HUMAN BODY
AS APPLIED TO THE EXPLANATION OF
VITAL PHENOMENA.

Delivered at the College of France in 1834,

BY F. MAGENDIE,
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LECTURE VIII.

The Physical distinguished from the possibly Vital Phenomena of Imbibition and Absorption.—Universal Porosity of Living Organized Bodies.—Changes effected in imbibed Substances.—Fluid in the Cerebro-Spinal Cavity of the Arachnoid.—Transudation of Fluids through Membranes after Death.—Eximbibition or Exhalation of Fluids by the Lungs.—Changes in, and escape of, the Blood during some Diseases.—Experimental Injection of Prussiate of Potass into the Lungs.—Experimental Injection of Solutions of Camphor, Ether, and Phosphorus, into the Rectum and Circulatory Apparatus, to show their Transudation through the Pulmonary Membrane.

IN the preceding lectures, Gentlemen, I have endeavoured to explain to you that the phenomena resulting from the imbibition of substances by the animal tissues are of two kinds, some which depend solely on physical conditions, while others are connected with a different principle, the real nature of which is at present completely unknown. The first, or physical phenomena, are readily explained by the laws governing the action of all material bodies; but the latter, which it is useful in many points of view to separate from the former, depending, as they do, on a vital power or principle, have not, as yet, received any satisfactory explanation. I shall, therefore, put them aside, since I cannot pretend, in the present state of medical knowledge, to explain them, with this single remark—that many phenomena which now appear vital, may, when further experiments have enlarged our views, be converted into purely physical facts. Thus we have been able to show, that some vital phenomena, when strictly examined, are converted into physical, and by that means are susceptible of an easy explanation.

Absorption presents you with an example of this kind. Twenty years ago this function was regarded as one in the highest degree vital, and the proximate cause was involved in the greatest obscurity. Various opinions were adopted by different authors, and three different views were supported by the most contradictory reasons; but the experiments which I have made before you, and the facts I have developed, are, I hope, sufficient to convince you all, that the phenomena of absorption are not so far beyond our knowledge, but depend on certain physical conditions of material bodies, through which they are satisfactorily and amply explained. This is a result of the highest interest, and holds out much encouragement for the further prosecution of the subject. When we apply the same principle to various other vital phenomena, and endeavour to resolve in this manner the difficult question of life, our experiments, even if they should not be attended with complete success, at least trace out the way in which others may follow, and at the last may establish a foundation for a more solid and rational theory than that to which physiologists of the present day universally incline.

Living bodies, Gentlemen, present many physical properties, which may be applied on a variety of occasions to the explanation of actions denominated vital; those properties may be distinguished into two kinds, viz., general and secondary. With regard to the first species, you have seen

how porosity belongs to all living organized bodies; there is not a single living body which does not present an example of this property in every part of its composition; it exists in vegetables as well as in animals of every kind, in the parenchyma of a leaf, and in all human tissues. We have taken this simple property of organized bodies, and applied it, in the first instance, to the phenomena of imbibition, showing how it explains the introduction of substances from the exterior to the interior of the human frame. We have then followed up and developed this principle, have applied it to medicine, and arrived at several conclusions of high practical importance. Thus various questions of pathology are attached to porosity, and many morbid symptoms are removed more certainly, and with greater rapidity, by a method of cure founded on this property. I need scarcely cite to you the endermic method of treating disease; there are, for example, many local pains of a nervous kind, which can only be removed by the endermic treatment, which converts a point of the skin into an imbibing surface, and thus affords a means of introducing medicinal substances into the economy with the greatest advantage. We shall now, Gentlemen, pursue the study of these physical properties, laying aside, as I said before, all that may seem to belong to vital phenomena.

The question of imbibition comprehends the transmission of all substances from the exterior to the interior of the human body; in fact, all substances, when placed in contact for a certain time with the animal tissue, are taken into the interior of the frame, and produce different effects, according to the nature and form of the substance so introduced. This is an universal fact, comprehending bodies of every variety, whether solid, liquid, in a state of vapour, or reduced to the more subtile form of gas: they are imbibed indiscriminately, and produce their effects, each after its kind.

But in order to complete the history of imbibition, we have to consider it under a form of a different nature. Every organized body is composed, as you know, of solids and liquids mixed in various proportions; now we want to ascertain in what manner these different substances act upon each other, and under what conditions the liquids of the human body are imbibed by the surrounding tissues. Hitherto we have considered the action of external agents; now we would trace the changes which daily take place in the composition of the human body, and endeavour to see how far these may be connected with the property of imbibition.

It is a well-known fact, that the weight of a man who abstains from taking any nutriment, diminishes every hour; the loss is not, perhaps, very great, but if accurately estimated, you will find that it amounts to several ounces: the diminution of weight, under these circumstances, is attributed to what physiologists call insensible perspiration; that is to say, the liquid part of the body gradually passes to the surface, penetrates the skin from the interior to the exterior, and is removed in the form of vapour. You have already been prepared to understand this phenomenon by the experiments which showed how easily fluids are transmitted from the internal surface of the skin to the external, even when the epidermis remains intact. In reptiles this phenomenon sometimes takes place to such a degree, as to produce complete desiccation of the animal. The fluids are conveyed from tissue to tissue by gradual imbibition, exhale from the surface of the body, and finally leave the reptile almost perfectly dry.

It is not long since I established, by observations on the living body, and by experiments upon animals, that the cerebro-spinal cavity of the arachnoid always contains a certain quantity of fluid, which may amount in the healthy subject to about two or three ounces. This fact was for a long time disputed, because, on examining the body, twenty-four or thirty hours after death, this fluid is seldom or never found. Why? During the last moments of life, or immediately after the decease of the individual, the cerebro-spinal fluid is imbibed by the surrounding tissues and completely disappears; hence the anatomist is inclined to deny the existence of that which he does not find after death, although observations made upon living animals, prove incontestably its presence in the cavity of the arachnoid.

The phenomena of transudation may be also seen in certain changes which take place in the human eye after death. This organ is, as you know, composed in great part of fluids; during life it presents a full, round, and brilliant ball, projecting more or less from the socket; but after death the change is most remarkable; the brilliant appearance is totally lost, the eye becomes small and shrunk in the orbit, and assumes an appearance familiar to all who are in the habit of frequenting a hospital, or dissecting in the amphitheatres. If you examine the eye in the dead subject, you find little remaining except the crystalline lens and the tunics. Why is this? As soon as circulation has ceased in the vessels of the organ, imbibition commences, the fluids pass to the surface, and are gradually removed, giving to the eye

that peculiar aspect and character which have from time immemorial been noted in the dead body.

But this fact of the imbibition of the fluids of the eye may, under certain circumstances, take place even during life. This, Gentlemen, is almost incredible, but it is not the less true: we had occasion to remark it too often, in a high degree, during the prevalence of epidemic cholera. The eye of a person gravely attacked by this disease, resembles the eye of a dead subject; it is empty, withered, and loses all its brilliancy; the fluids are gradually imbibed, because the eye of a cholera patient is placed in the same physical conditions as in the dead subject. The capillary circulation is arrested, the property of imbibition commences to act according to its own laws, and we have the same effects produced as if the individual were completely deprived of life.

These facts, Gentlemen, are sufficient to demonstrate, that the imbibition of the fluids forming a component part of the human body, may take place during life, under certain circumstances, and does actually occur, whenever the physical conditions exist which are necessary for the development of that phenomenon. I have already drawn your attention to the rapid imbibition presented by the pulmonary surface, and have demonstrated the fact by several experiments. You saw an animal die immediately after having respired the vapour of prussic acid, and the same result was produced by injecting a quantity of a poisonous fluid into the trachea. But the pulmonary surface possesses a property of a different kind, and in a very high degree also. This is the property of eximbibition, which is perpetually exercised by the lungs in a very active manner. I make use of the phrase *eximbibition*, rather than employ the term *exhalation*, because the latter is supposed to include some vital act or agency; but the phenomenon to which I would now direct your attention, is one of a strictly physical nature, depending on the physical structure of the tissue, not upon any peculiar sensibility or vital power enjoyed by it.

The property of eximbibition is, as I said, exercised by the lungs in a highly energetic manner. In fact, a great part of the fluids which are removed from the human body pass off by that channel; and perhaps we may say, one-half of those excreted are discharged by the membrane of the lungs. We are daily in the habit of taking a vast quantity of various fluids into the stomach. These are absorbed, as every body knows, and conveyed into the circulation, but it is through the medium of the pulmonary surface that this mass of fluids circulating with the blood is separated and transpires. Physiologists of former times gave rather a fanciful explanation of this phenomenon. They imagined that water was formed in the lungs by the combustion of hydrogen gas during the process of respiration, and exhaled in the form of insensible vapour, but this theory is now completely exploded. We know, on the contrary, that the vapour which transpires from the pulmonary surface exists in the form of a fluid in the bloodvessels, and is transmitted by imbibition through the membranous tissue to the exterior. This is a fact almost too well known to require comment; however, we shall explain it by one or two experiments for your satisfaction.

You are to remark, that the pulmonary transpiration is in exact proportion to the quantity of serum or fluid matter contained in the circulating mass. Whenever the bloodvessels hold a large quantity of serum, the pulmonary surface is employed to discharge the superabundance, and exhalation goes on from that organ with great activity; on the contrary, when the mass of the blood contains less fluid matter than usual, the pulmonary transpiration is very insignificant or totally suspended. This may be proved by direct experiment. If you take a dog, and inject a quantity of fluid into his veins, the exhalation from the lungs is soon developed in a high degree, and the water escapes rapidly by the pulmonary surface. However, in making this experiment, you must be careful not to inject too much water at a time, especially if the animal be small, for you may kill him on the spot, as took place in the present instance. We directed some water to be thrown into the veins of this little dog, in order to show you the manner in which the pulmonary transpiration is accelerated by the operation, but he died, as you see in a few minutes. I cannot say exactly why; perhaps the fluid became extravasated in the lungs, and produced death by suffocation. We will, however, open him presently, and see the reason. We cannot, on account of this accident, demonstrate the fact by direct experiment, but had the animal lived, you would have seen the respiration become rapid and panting, as soon as a certain quantity of water was thrown in; a large discharge of vapour would soon have taken place from the pulmonary surface, and after some time the transpiration would have become so energetic and rapid as to furnish a liquid flowing from the animal's mouth. This shows the rapid manner in which fluids are exhaled through the medium of the lungs, and the circulation is thus relieved from a

mass of extraneous material which might otherwise occasion considerable inconvenience, if not become a cause of disease.

We shall now proceed to examine the body of the animal, and endeavour to ascertain why he died. I think it not improbable that the proximate cause of death will be found in the lungs. In the mean time remark the external appearance of the dog; although originally small and lean, he now looks bloated and even fat. This arises from the manner in which the circulating system is filled with an extraordinary quantity of water, which sometimes makes the animal appear to be of double its natural size. The chest has now been laid open, and you see at once the cause of death. There is a quantity of blood extravasated into the parenchymatous substance of the lung, and here you may remark several dark extensive patches on the anterior surface of the organ. These pathological appearances confirm the opinion I have just given as to the cause of death. The circulating system, especially that part which traverses the respiratory organs, has been distended and gorged with a large quantity of extraneous fluid; the fine branches which ramify on the surface of the lungs become thus distended in a manner incompatible with a regular or healthy disposition of the organ; their function is deranged, respiration becomes more and more embarrassed as the small vessels become more engorged, and death results either in consequence of effusion, mechanically produced, or from the impossibility of carrying on the function of respiration.

I have at present an example of this condition of the bloodvessels in a female under my care at the *Hôtel Dieu*. This woman presents several remarkable symptoms, arising from what I must consider a peculiar disposition of the blood, for although I am by no means a favourer of the humoral pathology, which has long since given place to views of a more extensive and enlightened nature, I am still obliged to confess that many morbid phenomena can only be explained by a reference to the fluids contained in the different organs and conduits, not to any change in the containing parts themselves. Thus whenever it comes to pass that the watery parts of the blood go off in any considerable quantity, and that certain other elements of this fluid are removed, by which a series of bad symptoms is produced, resulting from the circumstance that the blood cannot be contained in its proper vessels, the surface of the body is covered with ecchymoses, differing in degree and intensity according to the nature of the case, and effusions of blood take place in different parts of the body. A female, to whose case I will allude, presented an appearance exactly similar to this piece of lung in my hand, and, probably, from a similar cause. The whole surface of her body was covered with ecchymoses of a dark purple colour. These were most remarkable about the eyelids, face, and upper part of the trunk; the tongue was also much changed in colour and considerably swollen, no doubt from the presence of blood extravasated into its substance. In this case the nature of the blood must be altered in such a way that it can be no longer retained by its vessels, and hence the vital fluid escapes at all the surfaces. Indeed I never saw an example of this peculiar disposition in so high a degree; she vomits blood occasionally, and passes it by stool, and traces may also be found in her urine. I drew a few ounces of blood from the arm of this woman, in order to examine it at my leisure, and here it is in this bottle. The physical properties are, as you see, manifestly changed. The clot has not that firm and solid feel which it ought to have, and the whole mass contains a great deal more serum than is natural. In this latter respect it approaches the condition of the blood in the dog whose veins we injected a short time since. The colouring matter is not retained with the fibrine, but is in great measure dissolved in the serum, and separated from that part of the blood with which it is usually connected.

These circumstances sufficiently point out a change of some kind in the nature of blood, without having recourse to any chemical experiments. Should the patient die, as is not improbable, we shall most likely find an effusion of blood in the lungs, similar to that observed in the dog which was killed by the introduction of water into the circulation.

I would now, Gentlemen, direct your attention to the result of an experiment which we made before the lecture, and which proves the imbibition of a substance from the internal to the external surface of a membrane, or the fact of ex-imbibition, if you like so to call it. We injected a solution of the prussiate of potass into the lungs of this little dog; he is now dead, not because he was poisoned by the substance, but because too great a quantity was introduced at one time; this however is of no consequence, for you will find traces of the prussiate in all the tissues of the animal's body; here we open the cavity of the abdomen, and let us see whether we can establish the presence of prussiate of iron in the abdominal pa-

rictes; we now place a portion of the appropriate test, a solution of sulphate of iron, and wherever we touch, you see the presence of the prussiate indicated by the change of colour; the same phenomenon is exhibited as you see when I touch the surface of an intestine. It is unnecessary to pursue our search further; you have seen enough to be certain that imbibition has taken place, for the presence of the medicinal substance was established in several different tissues; it would even be possible to measure the rate at which imbibition takes place under these circumstances, and to follow the substance in its passage from one tissue to another; this would at least be curious, if not useful; indeed Fœdera employed himself in the partial investigation of the subject, and followed an imbibed substance from tissue to tissue, until he traced it at length to the hard parts and bones.

Pulmonary transpiration, Gentlemen, acts not only on the serum and fluid parts of the blood, but also in the removal of various extraneous substances which may have found their way into the circulation; this property of the pulmonary membrane is one of high importance, we shall therefore endeavour to establish its existence by direct experiment, the best, indeed the only sure support, which a physiologist can give to any assertion concerning the functions of any part or organ. Odorous bodies sometimes are introduced into the stomach, and thence find a passage into the general mass of the circulation. How are they removed from the blood? By means of the pulmonary surface, as you shall presently see.

Some of these bodies are employed in medicine, we shall therefore select from amongst them ether, camphor, and phosphorus, and show you how each substance, after having been mixed with the blood, exhales its peculiar odour in the pulmonary transpiration. Camphor is a remedy which we have often occasion to employ in the form of lavement; no sooner is the substance introduced into the rectum than it is taken up by the vessels of the part, is carried into the mass of the blood, and after a very short time is found in the pulmonary transpiration, as I now proceed to show you; at least you will find a strong odour of camphor discharged at each respiration which the animal gives. I now take some of this solution of camphor (there is perhaps half an ounce in this small bottle), and inject it into the anus of the dog before you, and in a few moments I expect you will have the characteristic effects produced. On the present occasion we meet with a little embarrassment in performing this experiment, simple as it is, for the camphor has become precipitated, and is not sufficiently dissolved to pass through the syringe; we must therefore take a larger instrument, and employ heat to redissolve the portion which remains at the bottom of the flask; in the meantime, let me remark to you that camphor produces some very strange effects upon animals. I have seen some who leaped several feet from the ground when a strong solution of camphor was injected into the rectum; others are seized with convulsive movements of the mouth and muscles of the face, and execute a retrograde movement of a very strange and bizarre nature.

The solution has now remained five or six minutes in contact with the membrane of the intestine, but I do not see any appearance of the symptoms which I have just mentioned being about to be produced; however, when you approach the muzzle of the dog, you cannot fail to recognise the odour of camphor, which issues abundantly at each expiration; this is enough to establish the fact of its exhibition through the pulmonary membrane, though I wished, at the same time, to show you an example of its poisonous effects on the animal economy. You have a similar phenomenon taking place in the human subject when a lavement containing camphor has been administered; the peculiar odour of this substance taints the breath for the whole day after; some people are inclined to imagine that the odoriferous principle ascends through the intestinal canal, stomach, and œsophagus, to the mouth, and is thus discharged; but this theory is completely without foundation, because a similar effect is produced, no matter in what part of the body you introduce the substance; if you place it in any of the cavities, or inject it directly into the veins, you have the same exhalation of the odoriferous matter from the lungs.

Having proved the manner in which camphor passes off from the circulation, we shall proceed, Gentlemen, to experiment with ether, and show how the odorous matter of this fluid is likewise exhaled with the pulmonary transpiration. We now inject a small quantity of ether through an aperture made in the thoracic parietes of this dog; the fluid has not been introduced more than ten seconds, and the animal has fallen on the table as if suddenly struck with death; this is a species of intoxication which ether produces when taken in any quantity, and may be carried to such an extent as to occasion death in reality; the fact is, the animal before us, whom I thought only dead drunk, is actually deprived of life;

you may see a similar effect in certain individuals who are habitually given to intoxication, and on whom the ordinary stimuli have lost their force from too frequent repetition; these people are in the habit of exciting themselves by opium or ether, which gives rise to a powerful and most pernicious species of inebriety, and lays the foundation of serious disease. But to return to our subject. Although the animal is dead, you may satisfy yourselves of the truth of the fact I mentioned; the odour of ether is quite strong when you approach his mouth.

I shall now proceed to make a curious experiment, which proves, like the former, that substances introduced into the circulation escape by the lungs. This bottle contains a small bit of phosphorus in a state of solution. Phosphorus, you know, possesses the peculiar property of entering into a state of combustion whenever it is exposed to atmospheric air, and gives off a fine white vapour, the product of its combustion. Now when we introduce a portion of phosphorus, dissolved in oil, into the circulation of an animal, you will see this white vapour exhaling with the breath, and if the experiment were performed in a dark chamber, you would witness the curious phenomenon of a burning vapour issuing from the mouth, as if the animal breathed fire, according to the vulgar phrase, and would be convinced by ocular demonstration, that the substance exhales with the pulmonary transpiration. Here is a strong dog: we have previously exposed the jugular vein, and now proceed to inject about a scruple of the phosphoretted oil into the vessel. In a few moments you will see the white vapour of which I spoke exhaling from the animal's nose. This is rather strange; several minutes have elapsed since the injection was made, and I see no trace, as yet, of the vapour. Perhaps the oil has not been sufficiently charged. Let us heat the flask for some time, and try another syringeful. I have repeated the injection, as you see, but have not succeeded in producing the effect which I wished. However, you can smell the phosphorus issuing with the animal's breath, although you cannot see it in the form of vapour, and the experiment sufficiently supports those already made to prove the manner in which odorous bodies introduced into the blood are removed by the medium of the pulmonary membrane.

THE symptom in consumptive patients which we have found chlorine most decidedly to relieve is *dyspnœa*. The freedom of breathing produced by it, was one of its most obvious effects. Sometimes it allayed cough. Sometimes it was too irritating for use. *Clark on Tubere. Phthisis in Cyc. Prac. Med.*

CLINICAL OBSERVATIONS

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

PROLAPSUS OF THE RECTUM.

IT is of the greatest importance in the practice of medicine to distinguish symptomatic from primary affections, as such discrimination at once points out the organ to which our remedial means ought to be chiefly directed. Prolapsus of the rectum has, I believe, been generally treated merely as a local complaint; but the history and treatment employed in the following cases prove, I think satisfactorily, that it is a secondary affection, and is, therefore, to be relieved, not only by local remedies but by those therapeutic means which will restore a deranged state of the primæ viæ.

I was first led to form this opinion of the nature and treatment of prolapsus, from having frequently observed portions or folds of the rectum protruded along with hemorrhoidal tumours in patients whose bowels had been irritable, or in whom the natural functions of the intestinal canal had been disturbed, the prolapsed portion of bowel disappearing whenever the source of irritation was removed.

Case 1.—An unmarried lady consulted me about a very large prolapsus of the rectum, which had afflicted her during more than eight years, and by which she was prevented from walking and taking exercise, for the intestine could be kept up only while she remained in a horizontal position, as her bowels were alternately relaxed and constipated. Before using any local means, I prescribed a dose of calomel, with a view to correct the deranged state of the primæ viæ. After having taken only two pills, composed of a couple of grains of calomel with as much of the antimonial powder and extract of rhubarb, which brought away copious biliary evacuations, the bowel, to my surprise, did not again protrude, so that she required no local treatment; and upwards of a year afterwards she informed me that the prolapsus had not recurred.

Case 2.—A lady, the mother of several children, returned from India with her constitution much debilitated; but she complained of no particular disease, except that she was liable to a prolapsus of the rectum, and the intestine protruded so

readily, and to such an extent, that she was in a great measure prevented from walking. Her bowels were irregular, being sometimes too open, and at other times constipated. The imperfect state of the digestive organs led me to refer the prolapsus in this, as in the former case, to a morbid secretion from the biliary organs, and, accordingly, I advised her to take the same mercurial pill. It brought away a large acrid biliary evacuation, and after the operation of a second dose, the prolapsus never returned, and she had no occasion for any further treatment.

The successful mode of treatment which was employed in the preceding cases has appeared to me to be worthy of notice, for although medical writers have, amongst the causes of prolapsus of the rectum, enumerated diarrhœa and irritating purgatives, yet they have endeavoured to relieve the complaint only by local means, and have not directed their remedies to remove the source of irritation in the bowels. The most common cause of this, I believe to be a derangement of the biliary secretion, and the correction of which is alone sufficient for the cure of the prolapsus.

There may, no doubt, be other sources of irritation in the bowels, causing prolapsus, besides a derangement of the biliary secretion, but it is evident that the cure of prolapsus will entirely depend on the removal of the irritating cause, whatever it may be.

These remarks apply also in a particular manner to the *prolapsus of the rectum which is so frequent in children*, a complaint which has usually been attributed either to improper management on the part of the nurse, or to a bad habit of straining in the child. In many such cases the same principle of treatment was adopted as was so successfully employed in the adult, and scarcely in any instance has it failed to relieve the disease.

The irritable state of the bowels in children which is accompanied by prolapsus of the rectum, will commonly be relieved by calomel and rhubarb, repeated a few times every second or third night, and one grain of calomel combined with three of rhubarb will generally be found an adequate dose. A mixture of soda or liquor of potash and rhubarb, given after the mercurial purges, has often a powerful effect in restoring the natural functions of the alimentary canal, and thus preventing a recurrence of the prolapsus.

There is also a prolapsus of the rectum which is produced by another cause, and the cure of which must depend on a different system of treatment from that employed in the former cases. The prolapsus to which I allude arises from, and is kept up by a source of, irritation confined to the extremity of the rectum, and is caused by the presence of hemorrhoidal tumours. In severe hemorrhoidal affections, and when the irritation from the sanguineous congestion previous to the hemorrhoidal flux renders the evacuation of the alimentary canal both painful and incomplete, the unusual effort which becomes necessary to empty the rectum, not only causes a protrusion of the hemorrhoids beyond the sphincter, but very frequently, along with them, a portion of the intestine escapes. In some cases so considerable a portion is thus displaced, that often it cannot be easily returned.

The system of treatment which will be found to relieve such cases of prolapsus in the first place, is the complete evacuation of the large intestines by those remedies which will not cause irritation, or any violent expulsatory effort. There is no purgative with which I am acquainted, on which so much dependence can be placed, in cases of this description, as the combination of magnesian salts, the *haustus albus* of the old Pharmacopœia, and of which I have already spoken at some length. (Vide page 281.)

This purgative has the effect of compelling the patient to evacuate the bowels without causing the slightest irritation; it does invariably produce a liquid evacuation, and, above all, the evacuation is accomplished with hardly any expulsatory effort. The good effect of this mode of treating prolapsus of the rectum is exemplified in the following case:—

Case 3.—A gentleman, upwards of sixty years of age, had suffered severely from many paroxysms of gout, and he was subject to hemorrhoids, from which there often took place a profuse hemorrhage.

After a severe attack of the hemorrhoidal flux, he consulted me on account of a prolapsus of the rectum, which he had not been able to replace for several days, and from which he suffered great pain and inability to sit with ease or walk readily. I ordered him to take the magnesian draught every twelve hours, to place himself in the horizontal posture, and apply a cataplasm. The purgative draughts operated freely, and without creating pain. The prolapsed bowel and hemorrhoidal tumours became much less tender, and rapidly diminished in bulk. On the fourth day there was no external swelling. The dose was now given only once a day, and on the sixth day he visited me to report that the prolapsus was perfectly relieved, and that he had not felt so well in general health for many months.

Though in similar cases of prolapsus of the rectum, no treatment will usually be required beyond what was adopted in this instance, yet it will sometimes happen that the complete evacuation of the alimentary canal, and the removal of all local irritation, are not sufficient to replace the prolapsed bowel, its return being prevented by swelling and inflammation of the displaced parts. Under such circumstances, fomentations and poultices, leeches, and a judicious pressure, will sooner or later accomplish the replacement. As to the severe and even dangerous operations which are sometimes performed for the cure of prolapsus, I have little to observe. Since I have adopted the system of treatment now pointed out, I have never met with any cases where such operations were even contemplated, and I am convinced, from all I have seen in the practice of others, that such means are seldom, if ever, necessary. I cannot omit mentioning, that I have witnessed several cases, and have been informed of others, where a portion of prolapsed rectum was included in a ligature, and where the subsequent inflammation was so severe as to destroy the patient's life. Indeed the use of the ligature for removing hemorrhoidal tumours, is always a most severe and sometimes even a fatal operation, whereas the simple excision of such swellings, when properly performed, is so safe and easy, that it ought always to be decidedly preferred.

On a future occasion I will enter fully into the great advantages to be derived from removing hemorrhoids by excision, and of the sufferings and danger arising from the operation by ligature.

SINGULAR MALFORMATION OF THE HEART.

To the Editor of THE LANCET.

SIR,—Subjoined I send you a short account of a case of remarkable malformation of the heart which lately fell under my notice, and if you consider it of sufficient interest for the pages of your esteemed periodical, you will oblige me by giving it insertion. I am, Sir,

Your obedient servant,

S. W. FEARN.

Derby, Nov. 13, 1834.

C. L., an infant, aged seven weeks, had been affected from the time of its birth with considerable difficulty of breathing, and had always manifested great uneasiness if held in the erect posture. It generally slept as much as twenty hours in the twenty-four, and when awake was always remarked to be exceedingly drowsy. The skin, during a fit of crying, became livid, and the nails were always of a dark colour. From all these signs, it was evidently a well-marked case of *morbus cæruleus*. At the end of the seventh week it died. The body was but little emaciated, and on the whole it seemed to have been tolerably well nourished.

The following were the appearances observed upon dissection:—There was about half an ounce of serous fluid in the pericardium; the coronary vessels of the heart, and the vasa vasorum of the aorta, were very much gorged with dark-coloured blood. The aorta was of nearly twice its ordinary caliber, and the pulmonary artery was much smaller than usual. The latter vessel did not cross the root of the aorta, but ran along its right side, giving off its branches to the lungs in the normal way. The right proper auricle was completely filled with a pale fibrinous clot. The right auriculo-ventricular opening would scarcely admit the passage of a probe. The foramen ovale was open, and as large as in the fœtal state. Both ventricles opened into the aorta, the upper part of the septum ventriculorum being deficient. *The pulmonary artery had no communication whatever with the heart, except by its anastomosis with the pulmonary veins.* It contained some fluid blood, and its communication with the ventricle was cut off by a thin membrane stretching across it at its commencement, and which had all the appearance of, and no doubt was, the semilunar valves united at their margins. The ductus arteriosus was closed, and the left auriculo-ventricular opening was natural. All the other viscera of the body were perfectly healthy.

The peculiar feature in this case is the want of communication of the pulmonary artery with the heart, and the possibility of the continuance of life under circumstances so extremely unfavourable to the arterialization of the blood. It is evident that the blood could only obtain access to the lungs by *regurgitation* (if the expression be allowable) into the pulmonary veins during the auricular contraction, but the quantity thus circulating must have been insignificant indeed.

The open condition of the foramen ovale, and even the imperfect septum of the ventricles, are not uncommon states, and we know that with them life is sometimes carried on for years; but that the vital functions could be discharged as they were, in this case, for weeks, with a circulation of blood which must have been all but venous, appears to me to be very extraordinary.

GASES IN THE FLUIDS EJECTED IN A CASE OF MALIGNANT CHOLERA.

To the Editor of THE LANCET.

SIR,—Mr. T. Penman's account of the following case of epidemic cholera (which I have transcribed from my notes), and the results of my chemical investigations of the gases contained in the vomited and purged fluids of the patient, will, if I mistake not, be found interesting to your readers. I remain, Mr. Editor, your most obedient humble servant,

W. REID CLANNY, M.D.

Sunderland, Nov. 10th, 1834.

Case.—"William Wilson, æt. 35, a ship-carpenter, having had diarrhœa for some time, was on the evening of the 26th ultimo violently attacked with frequent and copious vomiting of a limpid fluid, accompanied by alvine evacuations, at first grumous and frothy, which afterwards became, in appearance, like gruel. His pulse could not be felt at the wrist; the tongue and extremities were cold, and the latter were much cramped. There was no secretion of urine; considerable thirst; eyes sunk in their orbits; countenance sallow, and showed great anxiety of mind. He complained of oppression in the region of the kidneys, and also of heat at the scrobiculus cordis.

"The treatment consisted of the administration of *Submuriat Hydrargyri* two grains, and also of *Aromatic Spirit of Ammonia* a drachm, in a suitable vehicle, at intervals of two hours. Heated substances were applied to different parts of the body, and the usual precautions were duly attended to."

I visited the patient in company with Mr. T. Penman on the 27th, when we found that the vomiting and purging were greatly abated; the pulse could be felt at the wrist; there was also more heat in the extremities. In short, all the symptoms being more favourable, the same medicines were continued, but given at longer intervals.

28. He passed a small quantity of urine this morning, for the first time since the commencement of what may be called his cholera attack. The alvine evacuations are assuming a natural appearance; pulse 80, and full. The thirst and heat at the scrob. cordis continue. He has some pain and oppression of the head, and is restless. He was bled, and a blister was applied to the pit of the stomach, and he took effervescing draughts *ad libitum*.

29. Feels himself much relieved by the bleeding and blister; pulse nearly natural, thirst abated. He took an ounce of *Oleum Ricini* this morning, which effected two or three natural-coloured evacuations.

He continued improving until Sunday the 2nd of this month, when, by the persuasion of his friends, and against our instructions, he partook rather liberally of spirituous potations. His room was small and badly ventilated. Besides, in opposition to all we could urge, he had frequently a posse of visitors. I need scarcely remark, that under all these circumstances, his typhoid symptoms increased most rapidly, and he showed considerable congestion in the head. Upon Sunday the 2nd, his friends called in the parish surgeon, who no doubt did all that could be done for his relief, but I learnt that the patient died two days afterwards, viz., upon the 4th of this month.

As mentioned above, I saw the patient at his room, near our Infirmary, at eleven o'clock a.m., on the 27th ultimo, and found that a few minutes before my arrival he had vomited freely from what was considered an empty stomach. This fluid had no particular smell, and was conveyed (in the same wash-hand basin in which it had been received) to the Infirmary, and carefully experimented upon in the presence of Messrs. Croudan, Maling, and T. Penman, and three or four of my pupils.

I employed the exhausted receiver pneumatic trough (an account of which appeared in THE LANCET of the 23rd of August), and from ten ounces of the vomited fluid I could obtain only 19 cubic inches of gas, which upon analysis I found to be nitrogen. I visited this patient at seven p.m. of the same day, and was informed, that a few minutes before my arrival he had passed one of the gruel or rice-water-like motions, which I observed had also been received in a wash-hand basin. I ordered the basin and its contents to be carefully carried to the Infirmary, which is distant only a few steps. This dejection was in every respect what is usually called a choleric motion, and when, with my own hand, I carefully poured it into my experimenting jar, I smelt a peculiar and very disagreeable odour, not in the least excrementitious.

By the action of the air-pump, the gases contained in this fluid were immediately extricated, and the following are the proportionals which, by analysis, I obtained from ten ounces:—

	Cubic Inch.
Oxygen gas	.06
Carbonic acid gas	.02
Nitrogen gas	.74
	.82

This analysis corroborates the inference which I drew, in my work upon epidemic cholera, viz., that the rice-water-like dejections are formed at the expense of the serum of the blood of the patient, and this will readily be understood by a comparison of the proportionals of these gases with those which I discovered in the blood, as recorded in the pages of THE LANCET for August last. I candidly acknowledge that I did not expect such an approximation.

I beg here to remark that my experiments upon blood go very far to prove the correctness of the views which were entertained by my late much valued friend and trustee Sir Everard Home, with regard to the absorption of atmospherical air by the extreme branches of the pulmonary veins.—(Vide *Phil. Trans.* for the year 1828.)

I have again examined the results of the experiments which were performed by MM. Magendie and Chevreul upon the bodies of criminals opened a short time after death, who, having been young and vigorous, were in the most favourable condition for this species of investigation.—(Vide *Elemens de Physiologie*, 2nd edition, Paris.)

I have taken the trouble to calculate the mean of the proportionals of gases contained in the stomachs of two of these criminals, who had partaken of bread and Swiss cheese, and drunk water coloured red two hours before execution.

	Cubic Inches.
Carbonic acid gas	29.80
Hydrogen gas	38.36
Nitrogen gas	31.51

These gases originated, in all probability, from the chyme and gastric juice of the stomachs of the criminals, and are, *toto cœlo*, different from the fluids vomited by cholera patients *instante morbo*.

MM. Magendie and Chevreul carefully examined the gases which they found in the large intestines of the above-mentioned criminals. The mean of their results of chemical investigation I have calculated to be,—

	Cubic Inches.
Carbonic acid gas	42.215
Carburetted hydrogen gas..	8.8025
Nitrogen gas	31.8825

Here we observe how different the intestinal gases of the above-mentioned criminals are from those contained in the rice-water-like dejections of the cholera patient, and I am of opinion that this comparison will be interesting to the medical philosopher.

Before I conclude, I beg to lay before the readers of THE LANCET some account of experiments made upon serum which was taken from the scrotum of a gentleman, a patient of mine, who was affected with anasarca. I extract it from my note-book.

"Infirmary, May 27th, 1834.—Into a twenty-ounce graduated jar, ten ounces of distilled water (from which the gases had been extricated by the medium of the air-pump) were placed. I then very carefully poured into this jar ten ounces of serum, just taken from the scrotum of my patient. This jar and its contents were properly placed in the exhausted receiver pneumatic trough, and the gases were immediately extricated by the agency of the air-pump in the manner already described, and by eudiometrical experiments, most carefully conducted, I found that these ten ounces of serum contained ninety-six hundredths of nitrogen gas, and no other gas whatever."

Sunderland, Nov. 10th, 1834.

HISTORY OF

THE PROGRESS

OF THE

MALIGNANT CHOLERA

FROM

OPORTO TO LISBON.

By WILLIAM LARDNER, *Esq., late Surgeon to the Royal Marine Hospital, Lisbon.*

In my communication of the 8th of May 1833, respecting the history and treatment of Cholera Morbus in Oporto, I mentioned the *apparent* introduction of the disease into that city by the *London Merchant* steam-boat, with General Solignac and his Belgic followers. I now trespass further on the columns of THE LANCET, with an account of its subsequent progress in Portugal.

As Admiral Napier imposed upon me the duty of taking medical charge of the English department in the Royal Marine Hospital, Lisbon, it afforded me an opportunity of making the necessary inquiries relative to this subject. I conceive that a history of the wandering ravages of cholera is of greater utility than accounts of what we unhappily have too many opportunities of studying, viz., its pathology, physiology, and symptoms. Such a history affords data for the pursuit of inquiries with regard to the cause of the destructive and perplexing malady. Its mys-

terious marches, its means of conveyance, its sudden and unexpected invasions, are worthy of great attention. Does it flow in the wind as a wave, the greatest convexity of which catches one place, and then another? Or is it borne along by an aquatic or an electric medium? Or is the whole mass of atmosphere in so deranged a state, that the disease is created by ever-occurring events? I am disposed to answer the latter query in the affirmative. The well-known fact that the disease is both sporadic and epidemic, bears strongly in favour of that answer. When I know that the *Rainha* frigate in Vigo Bay, while at anchor alongside the *Donna Maria* frigate, was severely attacked with cholera in its most malignant form, while in the latter (although free and constant communication existed between the two vessels) the disease never made its appearance, what conclusion am I to come to, but that the crew of the former vessel was more susceptible to the evil effects of malaria than the other? If the proximate cause of the disease existed in the *Donna Maria* frigate, her crew also would have caught the disease. Admiral Sartorius (who, by-the-by, in the goodness of his heart, and his fondness for the mysteries of his religion, believes it to be an express visitation of Providence) has informed me, that when the disease first visited the flag ship, it was supposed to be created by a poison which was sold to the crew of the ship by bomb-boats from Vigo, through the medium of oysters, a number of which were sent on shore at Vigo, or returned to the bomb-boats, after which period the Vigonians were honoured with the travelling pestilence. The ignorant crew of the ship had good reason to harbour such an idea, well knowing the cruel opposition we met with from the *then-existing Spanish government*; for they, and we, all suffered dreadfully from the want of fresh provisions.

The following is a general outline of what I had observed previous to the period to which the present communication more especially refers.

The *London Merchant* steam-boat sailed from Dover, touching at Falmouth, at the end of December 1832, and arrived at Vigo long before the expiration of the same month, having Asiatic cholera on board. At this time cholera morbus was neither in Spain nor Portugal, but when the steamer was on her way to Vigo Bay, the general lost several of his soldiers by the disease. The cholera prevailed at this period in England, and there was ample cause to produce the disease on board, in consequence of the crowded and filthy state of the fore-cabin. It is impossible to conjecture which of the two places, England or the steamer, was the source of the poison. There was no quarantine in Vigo at the period the steamer arrived, nor was it established until the intelligence of cholera existing in Oporto was communicated by the Spanish authorities in that city. After that there was a rigid quarantine kept. If cholera existed in Vigo, there would be no use in the quarantine, and the Spaniards would not be such fools to themselves as to injure their commercial interest without some good reason. The steamer left the Bay of Vigo with the most religious secrecy as to the character of the disease on board, and the general blustered his way into the captain's cabin, where I was sitting, in the most furious manner, wishing to know if I had circulated a report that cholera had attacked his soldiers. I replied in the negative, but said that there were many poor Poles and Germans on board, who knew too well the nature of the malady for me to attempt to deceive them. In conformity with all his rash acts, and consistently with his impetuosity of temper, he had his trunks &c. removed to Oporto without delay, but from them I have never been able to trace any source of contagion. As a proof that it did not exist in Oporto previous to the disembarkation of the troops, I may be allowed to mention the following facts. On my arrival in Oporto, where I had medical charge of Solignac's soldiers, on the 2nd of January 1833, I *secretly* reported to the government that the Asiatic cholera had arrived with the Belgians. Although the ruling powers could not persuade themselves that so terrific a piece of intelligence was true, they thought it wise to keep the diseased persons at a distance from Oporto. They accordingly, as I before informed you, left them in the *Foz Hospital*, which is at least two miles from Oporto. This hospital was well calculated by its locality to hinder any communication from being made between the patients and the people of Oporto. It was exposed to the most formidable of the Miguelite batteries; so much so, that not less than two shells and six eighteen-pounder balls entered it during the short period I had charge of it, which was until the disease had made its way into the heart of Oporto, and it was no longer deemed necessary to keep a separate establishment for it. Those shots and shells were accidental; they never were intended for the hospital. There was not a single house around the hospital which was not riddled by shots and shells. It would be ungenerous here not to mention the liberal conduct of the Miguelites with respect to this building.

They could have destroyed the whole fabric and its inmates in five minutes, if they had pleased, and there was always an excuse for firing at it, for we had a guard of soldiers at the gate of the hospital, directly facing the battery, but they spared it because it was an hospital. So incredulous were the people and medical men of Oporto that the disease had made its invasion, that the following occurrence took place, which to me was provokingly absurd. I mentioned in my former communication that the first person attacked with cholera was an English soldier in the neighbourhood of the landing place, who was thoughtlessly conveyed to the English hospital, and placed in a chamber among a number of wounded, sick, and convalescents,—a fertile soil indeed for the propagation of the malady *if it were contagious*. I visited the hospital shortly after the man's entrance, and protested against such proceedings, and immediately made a report of the facts to the minister of marine, wherein I respectfully protested against the removal of such persons from the immediate neighbourhood of the Foz to the centre of Oporto, where the principal part of her Majesty's troops were quartered.

The report was forwarded without delay to the "Medicine-in-chief," a haughty Brazilian of the name of Tavares. This man immediately held a conference with the English surgeon who had charge of the hospital, and they both entered into a determination to have a post-mortem, in order to discover if the man had died of cholera. I suppose that neither of those gentlemen in the whole course of their lives ever saw a cholera post-mortem. However, in their wisdom, they pronounced the man *not* to have died of cholera. It is astonishing how fools and ignoramuses sometimes manage to stumble on the truth, when wiser heads seek for it in vain. The poor soldier certainly did not die of cholera, although he was violently attacked with it. He died of being *copiously bloaded when in a state of collapse*. By-and-by the disease attacked the patients in the hospital in many shades. Diarrhœa, vomiting, and cramps, separately and collectively existed, and very shortly after it attacked the inhabitants of Oporto generally. I mention this circumstance to prove, that if the disease existed in Oporto previous to, or coeval with, the arrival of the Belgians, the people and practitioners were ignorant of its existence. It flourished for some time in Oporto before we heard of its blessings being extended to the Miguelites, who were encamped from a mile to a mile and a half around the city. Here it may be observed that the communication in consequence of the siege was restricted.

On examining some of the records with regard to its approach to Lisbon, I find that the city of Aveiro, on the south side of the Douro, was the first place that it visited after it had attacked Oporto, a distance of thirty leagues from the latter, on the 3rd of February 1833, which was exactly a month after its entrance to Oporto. There is every reason to believe that there was but a very limited, if any, communication between Aveiro and Oporto, at the remarkable period of which I am now writing. Aveiro was in the possession of the Miguelites, and Oporto in that of the constitutionalists. There was no communication by water between the two cities, and there must have been very little by land, in consequence of the formidable lines erected by the cowardly Miguelites. The term *cowardly* is here forced from me, or I should not use it, and I feel confident that the reader will agree with me, when I mention that the force of Don Miguel was more than four times that of Donna Maria, yet he acted on the *defensive*, and proved it by erecting around Oporto a formidable line of defence, instead of forcing his way *by numerical power* into Oporto. He ought to have unfurled a flag with the term "offensive" in its centre, and ordered it to be placed wherever the flag of despotism, tyranny, and oppression, floated. But it is a well-known fact, that a *child*, if it catches a *man* in a bad deed, may, by the disparity of moral force existing between them, exert with impunity a power which, under ordinary circumstances, never could be calculated on.

It may be asserted, that although all intercourse with Oporto was cut off, there was free and constant communication with Lisbon, but we shall hereafter find that Lisbon was not visited by cholera for a considerable time after Aveiro, which fact may give the contagionist a lift, for there existed no communication directly by water between Oporto and Lisbon; but Aveiro being between Oporto and Lisbon, was first attacked, and after it Lisbon. The disease may be supposed to have travelled by a land conveyance from Oporto to Lisbon, but most positively not by shipping, for the Miguelite batteries would not allow a ship to enter the Tagus, lest it should turn out what the wooden horse did when Troy was besieged, and Donna Maria's ships kept a strict blockade outside the bar.

These facts, together with the consideration that Aveiro is a very petty commercial city, are quite sufficient to prove that there were but few opportunities indeed for the importation of the disease by

the Averonians from Oporto. Cholera did not make its appearance in Lisbon for months after it was heard of at Aveiro, so that it was not communicated from Lisbon, where there might, perhaps, exist some trifling intercourse.

After Aveiro the *Rainha* frigate was attacked with cholera, and lost, in the course of seven days, under the most approved treatment, upwards of two-and-twenty persons. It is strange that the disease did not visit that vessel for nineteen days after its invasion of Aveiro. It visited the frigate on the 22nd of February 1833, which was fifty-one days from its entrance to Oporto, and nineteen from its visit to Aveiro. The frigate had strong claims in favour of the first visit, for she was on intimate terms with the steam-boat when in Vigo Bay, and subsequent free communication existed with Oporto, where the disease existed in its most malignant form. How inexplicable all this must be to the contagionist! Why did not the patients, which I was wont to see every morning and evening on board the frigate, receive the contagion from me, having visited the steamer two or three times, and having felt the pulses of the diseased, administered medicines to them, and come in contact with their bedding? On the evening of each day I attended to the sick on board the *Rainha*, without, in all probability, having washed my hands (for water was not plentiful), and to a certainty not having changed my clothes. Why should Aveiro be attacked nineteen days before the frigate, the former having no communication whatever with situations where the disease prevailed, the latter constantly and freely communicating?

The following is a translation of an address or report sent to Don Miguel by a commission which he had ordered to investigate the particulars of the epidemic which had attacked the Averonians:—

"On the 3rd of February, 1833, an epidemic made its appearance in a district of the city of Aveiro, denominated the district of fishermen, situated on the seacoast between Oporto and Lisbon, whose symptoms bore a great affinity to that which travelled from Asia through various countries in Europe. It prevailed in all the neighbouring villages at the same period, and travelled slowly and treacherously through the district until the 16th of the same month, when it engaged the whole of the district. The chief magistrate of the city being alarmed, convened a meeting of the neighbouring authorities, assisted by the medical men, as also by a professor of anatomy and medicine sent by the University, together with the military inspector of hospitals on the south of the Douro, for the purpose of adopting measures for checking the progress of the malady. The epidemic prevailed with great violence from the 16th of February to the end of the same month, commencing to decrease in the beginning of March to such a degree, that at that period no new case occurred in the district."

The writer here remarks, that the mortality was inconsiderable when compared with that of other countries. I don't translate his words here, as they are pregnant with fulsome egotism. He illustrates the mildness of its character by the following similes:—

"Perhaps it is like the *anguis in herba*; it rests to gain greater force, and afterwards to make the same ravages it did in other countries. We may advance that it is like an indigenous vegetable, which being transplanted from another soil, although preserving its original form, has some of its qualities changed, while others are finally lost in acquirng new ones; or, like a scourge in a region most remote from its nativity, under another climate, in the midst of different local circumstances, and among individuals of habits totally different, loses much of its malignity, but still preserves the characteristics of the original trunk. It attacked the people of this district at no particular period in the four-and-twenty hours."

The writer of the above article declares that great indeed would have been the mortality if the cases had not been *skilfully treated!* He also states that more females than males were victims to the disease, and that the poor and badly clothed were, above all others, severely attacked with it. It is almost unnecessary for me to mention that the great want of moral energy and promptitude which remarkably distinguishes the Portuguese character generally, is quite sufficient to hinder a medical man of that nation (and above all other class of Portuguese the medical faculty are the most slothful and oldwomanish) from treating cholera morbus properly. He further mentions that out of *seventy-nine* patients labouring under blue Asiatic cholera he only lost *nine*, though the sole remedies were injections of gum and water, starch and althea, with mustard sinapisms and other nonsensical quackery.

It is a difficult undertaking to attempt anything like a fair account of the cholera in Lisbon. Even of the sum of mortality I found it almost impossible to form an estimate. The difficulty arises from various and numerous causes, but the first and most weighty is the want of freedom of the press; the second is the naturally intriguing character of the Portuguese, who would not think it safe to give honest pub-

licity to anything; the third is the mean, knavish, jesuitical character of their medical men, who, God bless the mark! gull the public to a far greater degree even than the priests.

These men mingle with their practice a species of alchemistical mystery, in order to rob the ignorant. A mustard cataplasm on the soles of the feet to cure a toothach, —*three* leeches applied to *three* different parts of the spine to cure the belly-ach,—and bleeding in the great-toe for tic douloureux of the forehead,—are by no means uncommon or extraordinary methods of extortion used by this enlightened body.

One of the means for assisting in the investigation of the amount of mortality, was that of visiting the different cholera burial places in Lisbon; but even there I found a stumbling-block to my inquiries; for on examining some of the bodies which were brought there whilst I was on the ground, I found none resembling the bodies I was wont to see elsewhere. I think I may fairly venture to state that one half of those who were buried in this place did not die of cholera. Three-fourths of what I examined were the bodies of persons who had died of extreme old age, having fully performed their sublunar journey.

A description of the manner in which they bury those who die of cholera may not be uninteresting here. A meeting is convened of the leading medical men of Lisbon, whose duty it is to select an appropriate patch of ground, with strict injunctions that it is to be situated at a considerable distance from Lisbon. While all this caution is being observed with regard to dead bodies, filthy Lisbon remains neglected; the dirt and abomination of every house and its numerous inhabitants is thrown out of the windows, and is only removed from the streets by the myriads of dogs who loiter about, looking out for such windowfalls. About twenty years ago the Portuguese people are said to have put their heads together in order to remove the evil if possible. They engaged upwards of two thousand black women, whom they supplied with tubs which they carried on their heads, and every night at a stated hour they called at the different houses to remove the dirt, which was by no means homogeneous. However, finding this plan ineffectual, they disbanded the sable corps, and to the present day the streets receive from the windows the dirt of the houses.

But to return to the burial ground. As soon as the ground is chosen it is paled in, and a number of labourers are engaged in the capacity of wholesale grave-diggers. A deep ridge is dug, extending from one extremity of the ground to the other, sufficiently wide to admit of three bodies abreast without coffins. As soon as the first ridge is finished the burial of the dead commences. A quantity of lime is laid under and about each body, and a second ridge is commenced. The earth from the latter is thrown into the former, and so on. The number of bodies in each might be fairly calculated by taking the length of the ridge, and the average length of each body, but the evils before mentioned would render such exertions of no avail.

Previous to my giving an account of the entrance of the cholera into Lisbon, it may not be improper to state that I do not throw down the gauntlet in the lists of contagion or anticontagion. A good general ought to know the means of conveyance possessed by his enemy, and the geography and nature of the ground he will have to pass over, before he encounters him. If he be not familiar with these two circumstances, he will know neither when nor where to attack him with a chance of success. Were my exertions to remove the obscurity which envelops cholera at present, in the ratio of a pebble to a mountain, I would not allow that pebble to fret the door of inquiry leading to so important a subject, by advocating contagion or anticontagion. It is much to be feared that there is a general derangement of the elements surrounding us. Nothing short of that could produce the direful and unaccountable confusion in mortality which has existed since the introduction of the malignant cholera into Europe. If it be, as religious people would say, a just visitation of Providence for some good end, let us still struggle with it, and conquer it, if possible. Every religious person is daily and hourly fighting against the evils entailed upon him by the first aggression of man, original sin, and its consequences, and I do really believe that cholera is principally attracted and propagated by the same evil, for we find that it visits the high and the low classes of society, more than the middle, because the former are the more vicious.

For the following account of the entrance of cholera into Lisbon, I am indebted to Mr. Clay, a reporter for one of the morning papers. It is a lamentable truth that I have been driven to the necessity of applying to a non-medical resident of Lisbon for rational intelligence respecting the disease. I have spoken to many medical men on the subject, some of whom were natives of my own country, but they invariably replied that they kept no account of the entrance or progress of the disease in Lisbon. The effect of climate on the

human understanding is curious but well known. Few English practitioners who rest for any length of time among the Portuguese fail to catch the indolence and wait-a-while character of the people of that nation.

The Portuguese people fancied that every possible precaution was taken to hinder the entrance of cholera morbus, as the government had ordered all letters, newspapers, &c., to be fumigated at the Health Office, when, in the middle of June 1833, on the north margin of the Tagus, at Belem, the cholera entered, and slowly progressed towards Lisbon. At last it visited the residence of Mr. James Phillips, the vice-consul, whose family consisted of his mother, two sisters, a niece of about twelve years of age, a servant-maid, and himself. The whole family had eaten heartily of a large turbot on Sunday, in the month of June 1833. The same night one sister was attacked with cholera,—next morning the other; at noon the mother of the family was visited by the pestilence. All these died, and were buried on the Tuesday morning following, at ten o'clock, the very same day on which their servant died. These were the first English who fell victims to the malady in Lisbon. Alarm began now to spread in all directions. Fish, fruit, and vegetables, were prohibited, but the most remarkable circumstance was the singular appearance of the atmosphere at this time, which my residence at the highest point of Buenos Ayres, where I had a full view of the Tagus, enabled me minutely to observe. A thick, dense, *dry* mist approached Lisbon from the entrance of the Tagus, and overspread the whole river and its adjoining mountains, as thick and as black as a London fog in December, but not moist. It was a dry, deadly-looking mist, and all vegetation apparently shrunk beneath its influence. The large leaves of the fig trees hung drooping, evidently in a state of disease, several of them being within a few yards of my residence; and I was told by my friends that along the banks of the Tagus the same effect was produced on the vegetation generally.

The disorder soon spread to all parts of the city, and having heard so much of this direful calamity, I became curious to know something of its nature and progress, and what character of persons were most subject to it. At this time, the middle of July 1833, the church bell announced a victim at least every quarter of an hour, in the neighbourhood of Buenos Ayres. Being confined to my house by paralysis, I sat at the window, and saw numbers of dead carried to the place of interment. I had read a good deal on the subject, and had made up my mind that it was not contagious by personal contact, but that the cause existed in the air, and was communicable to persons of irregular habits, or those labouring under any degree of excitement. I took no precaution further than that of keeping brandy and laudanum in my room, which my landlady fumigated with the smoke of burning tar, lavender, &c., and in return I alarmed and astonished her by eating every day the forbidden articles of food, such as fruit, cucumbers, fish, &c. I never felt the slightest degree of alarm, even when the disorder entered our dwelling, and killed a buxom young widow, on the Wednesday, who, on the previous Sunday, had crossed the Tagus, and walked five miles and back, the weather being hot and close. Her journey was for the purpose of meeting a man whom she hoped to marry. I cautioned her not to allow herself to be fatigued at that remarkable period. However, having dressed herself in her best, and borrowed my servant-boy to accompany her, she returned back in a state of great excitement, not created by *despair* but by *hope*, and died in three days after her amatory excursion. I mention this circumstance to prove that the disease is invited by moral as well as physical causes.

The next case of which I was an eye-witness, was that of Mr. John M'Kean, my neighbour, a man who in his own house scarcely ever ate a regular meal, and who was wont to get into states of excitement. He went to Cintra, returned on a Sunday, had been eating and drinking freely something to which he was not accustomed, and his means of conveyance home was an open carriage, on a very hot day. Next morning at ten o'clock he came into my room, and raised my hand to his forehead, when I discovered both hand and head to be covered with a cold clammy sweat. His countenance was haggard, and he told me that he had been seized with a violent purging half an hour before. I saw he had cholera, and hurried him home, three doors off, and being, from my affliction, unable to attend him, I desired him to have medical assistance directly, but which was neglected until three o'clock, then too late, for he died at eight o'clock the same night *in a small close room*. A dozen persons visited him, and sat for hours in the same room, and in close contact with him, but not one of them caught the disorder, either then or afterwards. The same circumstances are applicable to friends all around me, yet not one case of death, or the slightest evidence of contagion, from

visiting or attending, happened amongst them.

Purging, vomiting, cramps, chilliness, and prostration of strength, were the universal symptoms. A thin lady, about fifty years of age, with whom I had often talked about this horrid disorder, was seized with it, and laboured under it for three days, after which period she recovered. She was a sensible woman, and told me afterwards that she attributed her recovery principally to keeping quiet both in body and mind, whilst under the influence of the remedies administered by her medical attendant.

The amount of mortality published is 20,000, but it must have been considerably more. Lisbon contains about 300,000 inhabitants, and is a filthy place. The *Rainha* frigate had a crew of about 356 souls, and in one week she, as I before stated, lost twenty-two persons of cholera morbus. The *Don John*, line-of-battle ship, after the brilliant victory achieved by the gallant Charles Napier, when in Lagos bay, lost by cholera exactly in the same ratio as the frigate. The crew amounted to 700 souls, and the mortality was 45. But we shall find that the number of deaths in Lisbon, in the *Rainha* frigate, and in the *Don John*, were in the same ratio. Lisbon lost about a fifteenth of her population; the frigate a fourteenth, and the line-of-battle ship about a thirteenth.

It would be loss of time to enter into an account of the Portuguese method of treating cholera. I have already said sufficient to give the medical reader an idea of what they are capable of doing. Of course the poor people were greatly and justly alarmed at this sad visitation, but nothing could be more ridiculous than their regulations with regard to different articles of food. Some adhered strictly to fish-diet, others to flesh, but none to vegetables. Starvation was considered the very best precaution. They adopted *starvation* for *moderation*. It was no uncommon circumstance for a Portuguese doctor first to put mustard sinapisms on the soles of the feet, and leeches to the spine, and then commence the administration of quinine, both by clysters and in the ordinary manner. But what puzzled me most was, that they would not allow their patients to eat, although a dreadful craving for food was created by the quinine. They limited them to weak chicken-broth, which they denominate *caldo de gallinha*. I have been more than once sent for to visit patients labouring under ague and intermittent fever which were brought on by starvation, which had been strictly enjoined by the Portuguese medical attendant, and as rigorously adhered to by the patient. These cases were all cured by ordering proper regimen.

I cannot conclude this paper, without recommending all young practitioners who wish to think for themselves to go to Portugal and establish themselves for awhile, either in an hospital or in private practice; their opinions and practice will thus be unbiassed and uncoloured. If they should come in contact with any of the native practitioners, they will gaze at each other as though they considered one another insane. I was sent for to visit a little girl of about twelve years of age, the daughter of a teacher of languages, who had fallen from a window four stories high, and, strange to say, without being injured in the smallest degree. When I entered the room the child was stretched on the bed with *three leeches* on the soles of each of her feet, and an immense warm poultice on her head. I examined her, and found that at that period nothing whatever appeared to be the matter with her, and on inquiring into the history of her case I further found that she had been walking about the room a few minutes after the accident, and had refused to take her medicine, unless her father would pay her money for so doing. I inquired of her medical attendant what was the *rationale* of his treatment, when I was very sagely informed that he feared a cerebral attack, and that the three leeches on each of the feet were merely *to draw the disease from the head to the feet*, and the warm poultice on the head was to assist in the same wise object. However, before I left the house, I succeeded in removing the cataplasm from the head, and ordered an enema to be administered, and in a few days I had the satisfaction of seeing the child as well as ever.

Lisbon, September 5th, 1834.

MEDICO-BOTANICAL SOCIETY,

Tuesday, November 11th, 1834.

Mr. G. J. Guthrie in the Chair.

NEW VEGETABLE FOR THE TABLE. — ENDERMIC TREATMENT. — HOMŒOPATHICISM.

This was the first meeting of the members for the season. The proceedings were commenced by a speech from the chairman. The last session, he said, had elicited much interesting discussion, and the Society in consequence had received accessions of many most respectable members. This success he had no doubt would prove an earnest of a future intellectual

harvest for the Society, which had now a fair prospect of taking its station amongst the permanent scientific bodies of this metropolis.

Mr. Foote, the assistant-secretary, enumerated and described various presents of books and plants made to the Society during the recess, by foreign correspondents and native members. On the table were exhibited several specimens of the *Palma Christi* or *Ricinus communis*, *Marrubium vulgare*, *Momordica elaterium*, *Rosmarinus officinalis*, *Spartium scoparium*, *Oxalis crenata*. The presents of plants were principally from Dr. Iliff and Mr. Thomas Gipps. In presenting the sample of *oxalis crenata* to the chairman,

Dr. Iliff, who, from the gusto with which he dwelt upon the culinary virtues of the plant, would appear to have inherited the famous napkin and spoon of the illustrious Kitchener, stated that this variety of oxalis had only been introduced within these three seasons, but was now cultivated with great spirit by several horticulturists. It was remarkable for its luxuriant foliage, and the little care required in its cultivation. It resembles in appearance the *oxalis acetosella*; the leaves and stalk have a pleasant acescent taste, which is readily imparted by infusion to water. Three bushels of the leaves and stems when pressed yielded seven pints of juice, of which one pint, evaporated, afforded about a drachm of a granular salt, which (seen from a distance) appeared not unlike "salt of tartar." The stems had been made into tarts, and appeared an agreeable substitute for the *rheum undulatum*, which is only edible in the spring; but this esculent being in perfection just before Christmas, it might conveniently claim a season of its own. The tubes or roots attain to a considerable size, and when boiled yield a farinaceous substance, not unlike the chesnut in taste and consistence.

Dr. Sigmond informed the Society, that while abroad last summer he had seen Earl Stanhope, who continued his interest in the welfare of the institution. He then read an essay on *cutaneous medication*, a subject which has recently obtained much attention on the continent. Dr. Sigmond gave a succinct account of the anatomy and physiology of the skin, for the benefit of the non-medical members. Writers on the subject, he said, had agreed to distinguish these remedies into two classes, the *jatrelleptic* and the *endermic* class. The jatrelleptic remedies are such as are applied over the cuticle by friction or otherwise. The endermic remedies are to be applied to the cutis vera, after the cuticle has been abraded by the agency of some irritant. By this last means some of the most potent medicines have been conveyed into the system, such as strychnia, morphia, prussic acid, and quinia, and all have been attended with very decided effects. When the alimentary canal refuses to bear the presence of remedies, the endermic method would appear to be highly eligible. Some instances of the violent effects of medicaments thus administered were adduced by the author. The external applications of the *cantharis*, *mustard*, *tartar emetic*, *croton oil*, &c., must be familiar to everybody, as well as the rationale of their operation, but the endermic method is very little known in England. Dr. Sigmond states that he has often applied remedies in this manner, and with advantage, in hemicrania, in acute nervous pains in various regions of the body, and in paralysis arising from atony of the spinal chord. Mr. Foote also has tried the strychnia introduced in this manner, in cases of amaurosis at the Ophthalmic Hospital, but with only transient benefit.

The Chairman related a case in point which occurred in his private practice. A gentleman employed in a public office, and whose bread depended upon his eyesight, had become affected with amaurosis. All the usual remedies were tried without success. As a *dernier resort*, the acetate of strychnia was applied endermically. The risk of the treatment was explained to the patient, who was willing to undergo anything. The incipient dose was the *sixteenth part* of a grain applied on the temple, which had been previously vesicated. This was applied every morning, and the quantity was gradually increased until it amounted to a grain. Unpleasant symptoms arising from the high excitability induced by the medicine, it was discontinued for awhile, and then resumed, until the daily quantity amounted to three grains. The spasms &c. returned, and the remedy was again left off for a month. At the end of that time the patient returned to Mr. Guthrie, and said that he wished to resume the strychnia, as he was convinced it had done him good. Permission being granted he went home, and at once applied *three grains*, which he had frequently done before with impunity. After some hours a sense of constriction was felt in the throat, with great heat and pain at the top of the larynx, great oppression at the precordia, and difficulty of breathing. A medical man was called in, and remedies were resorted to, but he died in a few hours. A *post-mortem examination* showed no morbid appearances except an ulcer in the larynx, which Mr. Guthrie considered to be the effect of the strychnia. This case was an example of the indiscreet use of strychnia, Mr.

Guthrie said he was of opinion that this medicine might be employed homœopathically with great benefit in those inveterate cases of ulcerated larynx which are occasionally met with, and which baffle every remedy.

Dr. JOHNSON was surprised to hear from the chair a word in praise of so inefficient a system as the *homœopathic*. He had witnessed many distressing instances of the mischief that it had done. He had seen hundreds of cases treated according to that system, and in no one instance had any good been effected, but in nineteen cases out of twenty, harm had been done. It might very properly be called a "meditation upon death," for valuable time was lost in the use of the trumpery remedies, and the powers of life were lost before efficient means were resorted to. He was now attending a young man who had nearly fallen a victim to this so-called system of Dr. Hahnemann. This young man, who used to be hale and strong, was attacked with pneumonia while on a tour in Prussia. The boasted homœopathic system was resorted to, for five or six days; the disease, of course, was unchecked, and the attendants were at last compelled to bleed him in a late stage of the disease, and brought him to the brink of the grave. He had, however, partially recovered, but with the ruin of his constitution. Hepatization had taken place to a considerable extent in both lungs, and some tubercles, he believed, were formed. With regard to the endermic method, he thought that in cases of great irritability of the stomach, it would be a valuable ally in the hands of the practitioner, but it could never supersede the ordinary mode of applying remedies through the primæ viæ, because generally these endermic medicines were only palliatives, and in this country the system would not square with the interests of practitioners, who were remunerated in proportion to the quantity of medicine they could persuade their patients to swallow. He concluded by complimenting Dr. Sigmond on the merits of his essay.

The Chairman soon afterwards adjourned the Society to the 25th instant, and the members proceeded to regale themselves with tea and coffee.

HOMŒOPATHY has a zealous advocate in the rector of Wickwar, Gloucestershire (the Rev. Thos. Everest), who has lately published a little volume entitled "A Popular View of Homœopathy," the motto to which, from *Othello*, is "Mere prattle without practice," which he entreats may soon deserve to be read "Practice without prattle."

UNIVERSITY OF LONDON.

MEETING OF MEDICAL STUDENTS.

THE new "regulations" of the College of Surgeons have excited much attention among the medical classes at this institution, and actuated, we presume, by a desire to concentrate the opinions of the students affected by them in some public expression of their views, a notice was last week posted on the walls, announcing a meeting in the anatomical theatre, on Monday last, at twelve o'clock, to discuss the subject. Some of the students, as it subsequently appeared, were adverse to this step without a consultation at which they could be present to debate the notification of a meeting. It is manifest, however, that the present was a meeting at which any future step could be openly and fairly considered, for here all the students were assembled. Dr. Quain very properly explained this after some opposition had been evinced by the dissatisfied portion of the assembly on the 17th. Notice of the meeting having been forwarded to this journal, a gentleman attended from it to observe the proceedings. On arriving we found the benches crowded with students, and the proceedings advanced as far as the appointment of a second chairman, a Mr. Chippendale, an invitation to fill that office having been previously accepted by a gentleman of the name of Thompson, who, however, as we subsequently learned, soon resigned his post, from inability to satisfy all who were present. The business of the meeting was, we understood, introduced by the chairman, in a short speech, of which we have no notes, followed by another student. A third gentleman then stated his impressions that the quarterly returns required by the College from the medical teachers of the metropolis would establish a system of espionage in the University, which was quite unworthy of an institution purposely founded to aid the progress of science. He considered that the new "regulations" were altogether calculated to impede the study of medicine and increase the expense of pursuing it, for the sole advantage of a medical aristocracy. He accordingly advised the students to make an early effort to prevent the attempt to impose the regulations on them, from becoming firm by sufferance and custom. With regard to the commands of the College issued to the teachers, he could not believe that they would condescend to pursue the course pointed out by the Council of the College. He regarded it as especially the duty of the students of so

liberal an institution as the University, to raise their voices against the regulations, and not to wait for others to set the example in so important a measure, believing, at the same time, that it would be expected that none would be more prompt and energetic in their opposition to the new laws than the students of the London University. We report thus far from hearsay. We first found a young gentleman opposing the object of meeting on the ground that there was "nothing definite" in their object, and that opposition to the regulations "would do the University harm." *How*, he did not explain. A question was raised whether he was not improperly interfering in the matter, as one who did not design to offer himself as a candidate at the College. He replied that he was a member of the University, but the further continuance of the dialogue was not audible to us. He ended by saying, that the meeting was immature, and proposed that it do adjourn.

The CHAIRMAN then said, Gentlemen, I have now to propose,—

A STUDENT.—That a vote of censure be passed on those who posted the notice of this meeting. (*"Hear," Laughter, and "No."*)

CHAIRMAN.—I have now to propose that those who are not against the College regulations will please to hold up their hands. (No motion to this effect had been made.) About a fifth of the number present held up their hands.

A STUDENT.—I propose that this meeting be dissolved. (*Great uproar.*)

A STUDENT.—Mr. Chairman, there ought to be no reporter here. I see a reporter (several students were taking notes), and I consider that he has no business here. I move that he be turned out. (This indecorous proposal was received by the majority as it deserved.) The proposer then said that he moved a vote of censure on those who had sent information of the meeting to any of the journals. This also fell still-born to the ground. He then announced his desire to know "if strangers had any right to attend private meetings of the students." (*Cries of "Yes" and "No."*) In course of time the chairman put the question whether any gentleman should be allowed to take notes of the proceedings, which was opposed by so few dissentients that the affirmative of the question was not put at all. (*Applause.*)

A STUDENT then suggested that before any persons condemned the calling of the meeting, it would be right to ascertain whether its announcement had originated in any improper motive, or from some misunderstanding with regard to the design of the regulations.

A STUDENT.—Resolutions should have been previously prepared and put into the hands of supporters. (*"Hear, hear."*) We should be glad to consider the question with the deliberation which is due to it.

At this time Dr. QUAIN, the Professor of Anatomy, entered the theatre, and was received with enthusiastic rounds of applause. Having advanced to the table he said, "I am glad, gentlemen, to see you all so good-tempered and cheerful. I fear, however, that I am intruding, not knowing exactly what is the object of the meeting. Is there any resolution before you?" (*Cries of "Yes" and "No."*)

A STUDENT here stated to Dr. Quain that the meeting had been called by six students, who had not offered sufficient reasons to them for so doing, and he, therefore, had moved a vote of censure against them.

Dr. QUAIN.—But if any gentleman, urged by a sense of duty,—if three or four gentlemen, so actuated—put their names—

A STUDENT.—All anonymous.

Dr. QUAIN.—That is of no consequence. If these or any persons wish to call a meeting for the discussion of any subject in which they suppose that the interests of their fellow-pupils are concerned, it cannot be improper for them to do so by a notice which has the effect of bringing all together as you are here assembled (*cries of "Hear, hear"*), and offering the subject for free discussion. But perhaps I have no business amongst you. If, however, you ask me what is my opinion of the new regulations, I will very willingly inform you. (*Great applause.*)

A STUDENT.—The students who convened the meeting ought to have made arrangements for conducting it and explaining their views, but as they have not done so in a sufficiently ample manner, I have made a motion that the meeting be dissolved. (Calls were here made for Dr. Quain to state his opinions.)

Dr. QUAIN.—I address you as an individual, and not as a member of any body, and I beg to say that as that which the College has directed is nothing more than what the Apothecaries' Company demanded three years ago, and as the latter arrangement has not only done no harm, but made us more regular in attendance upon the curriculum of education, I do not see any objection to adopting the plan at the request of one body, which we have so long complied with for another.

A STUDENT.—But the College regulations apply retrospectively, which those of the Hall, when they were issued, did

not, and their retrospective character will prove a great hardship, and be exceedingly inconvenient to very many students. (The speaker here stated a case in illustration of this, and repeated the peremptory reply which he had received on a late application at the College, in which he pointed out to the secretary or beadle how injuriously the regulations would affect him.)

Another STUDENT said he was glad that Dr. Quain had intimated that compliance with the new regulations to report the students would be no tax upon the convenience of the professors, as that removed one of the objections which the students might have to the regulations. He therefore moved the adjournment of the meeting, which was seconded.

Dr. QUAIN.—Having stated how much of the regulations I have no disinclination to comply with, I will now state to you what I will never consent to do with regard to them. I will give the names and addresses of, and state the courses of lectures attended by, the students in my class, but with the last clause of the "return" I do not mean to comply. (*Great applause.*) What is expected from us (the professors) under the head of "Remarks, *et cetera*," I cannot tell. I do not know what the College desire from us by adding that column; but I can assure you that I will not report anything with regard to my pupils under that head. (*Reiterated applause.*) If any student attend to his studies in my department very diligently, I will give *to him* a document declaring that fact; but no private "remarks" as to what passes within these walls, further than I have stated to you, will I give to any institution. (*Shouts of applause.*) The learned professor here retired from the meeting.

The CHAIRMAN then endeavoured to put to the vote a motion "That this meeting be now dissolved." Several gentlemen here called out "Adjourned, not dissolved," but the Chairman continued to repeat the word "dissolved," when cries of "Leave the chair," "Turn him out of the chair," were raised all around, when a student rose and told the Chairman that he had expressly moved an *adjournment* in order that the students should be afforded an opportunity of expressing their opinion on the regulations, when the conveners of the meeting had had time afforded them for coming before them better prepared with resolutions. (*Cries of "Hear, hear."*)

The motion of adjournment was then put and carried almost unanimously, immediately after which the students separated.

THE LANCET.

London, Saturday, Nov. 22, 1834.

As the subject of medical reform has for some time past been a parliamentary question, a degree of alarm may be created in the minds of those practitioners who reside at a distance from the metropolis, in consequence of the alterations which have just taken place in the confidential advisers of the crown. We think it right, therefore, to advert to the subject on the first opportunity, lest suspicions and fears arise which may be productive of some disadvantage to the cause which we have so long been advocating.

That the profession had reason to rejoice in the appointment of Viscount MELBOURNE as premier we most willingly admit, because that nobleman, during the time he occupied the office of Home Secretary, displayed an exalted firmness of purpose in prosecuting an inquiry into medical abuses. He took, from the first, a comprehensive view of the whole subject; he listened with the utmost patience to the complaints of every class of petitioners for redress; his integrity was proof against the whisperings of the courtly slanderers by whom he was constantly beset; and he instructed his brother, the Hon. GEORGE LAMB, his under secretary, to support the motion of Mr. WARBURTON for the appointment of a committee of inquiry in the House of Commons. All this was freely and generously done by Lord MELBOURNE. More than this he could not do, and less might reasonably have been expected of him, considering the multiplicity of his engagements, and the short time which had been allowed to him for attending to the subject of medical monopoly and misgovernment.

With all these facts fresh in their recollection, the retirement of Lord MELBOURNE from office will be a source of regret to the members of the profession throughout the empire, and the noble Viscount will carry with him in his retirement from his elevated station, the respect and gratitude of nearly twenty thousand members of a learned profession,—of men whose opinions exercise on the views and feelings of society a degree of influence which cannot be appreciated, except by persons who are well acquainted with the duties which medical men are daily called upon to discharge.

Independently, therefore, of the exercise of a benevolent disposition in rendering justice to a large body of individuals, that minister must be a short-sighted man who could neglect to attend to the complaints and grievances of so many thousand gentlemen, whose important pursuits necessarily lead them into every rank and walk of society. Such a minister the profession have the satisfaction of knowing is not the Duke of WELLINGTON, the excellence of whose tactics in civil government have been as generally admitted as has been the brilliance of his genius in the field of war. Although his Grace certainly cannot, in the radical sense of the term, be styled a "reformer," still, if reform is to be defined according to the ultra-tory conceptions of that expression, his Grace has been more than a moderate amender of some acknowledged abuses. It ought to be remembered, at this peculiar crisis, that when Mr. CANNING became Premier, at the ousting of the LIVERPOOL-MELVILLE-and-BATHURST ministry, he immediately recommended the postponement, *sine die*, of all consideration of the Catholic Question, and he vehemently protested at the same time, to use his own words,—that he would oppose Parliamentary Reform to the last hour of his political life. Still, Mr. CANNING, with these anti-popular, unphilosophical, nay, almost barbarian expressions on his lips, received the general support of what was denominated the "liberal party" of England. The few radicals occupying seats in that House, notwithstanding the minister's denunciations of reform, gave Mr. CANNING an unconditional parliamentary support.

If thus much was conceded to Mr. CANNING, who was the avowed, bitter, and implacable enemy of reform, why should the members of the medical profession regard with the slightest apprehension or dismay the interference in medical affairs of a WELLINGTON administration, when the Duke of WELLINGTON himself resolutely carried that Catholic question through both houses of Parliament, which the "liberal" Mr. CANNING durst not face while he held the office of Premier?

The present position of parties must also be taken in another point of view. It is expected that Sir ROBERT PEEL will hold a high office in the administration, and will act the part of what is usually denominated "ministerial leader" in the House of Commons. Where was the Hon. Baronet when the motion of Mr. WARBURTON was brought forward in that House in February last? He was present, assented to the proposition, and was *immediately appointed a member of the Medical Committee*, and of that Committee the Right Hon. Baronet is still a member.

In connexion with these circumstances, highly conducive towards obtaining for the inquiry a triumphant result, there must be taken into the estimate of our present position the influence of medical men on the minds of the Legislature, and, also the respect which is entertained in the House of Commons for the talents and high character of Mr. WARBURTON, who, with his characteristic prudence, abstained from making the medical a party question. He wisely treated it as a subject that involved the best interests

of the community, and by rejecting all narrow-minded and invidious views, he succeeded in obtaining not only the votes of the majority of the House of Commons, but also the esteem and confidence of every influential member of the profession. The influence which Mr. WARBURTON exercises in the House of Commons is of that kind which experiences little or no alteration from changes in the ministry. In short, he commands the respect of all parties in that house. Even those members who dissent from his political opinions, are always ready to acknowledge that he is ever actuated in his public duties by any motive less honourable than that of a desire to confer some advantage on society.

What then have the members of the profession to apprehend from a change of ministers? The march of reform is still in progress in all our institutions. The great principle of improvement is still in operation, and cannot be checked or vitiated by the demon of corruption. An inquiry into medical abuses having been accomplished, the materials which were collected during the progress of the investigation, will and must furnish the materials of future measures. It is utterly impossible that medical law can be allowed to remain in its present state, and there is no ground for believing that the Duke of WELLINGTON will be less desirous of removing the long catalogue of medical abuses, than was the noble Viscount who has just quitted the helm of government. It is the duty, therefore, of the medical practitioners of England to go steadily forward in pursuit of the great objects which they have all along had in view, and not to conceive that either his Grace or Sir ROBERT PEEL will act so unwisely, with reference to the profession, as to refuse their aid in contributing to effect the reform which has been zealously prayed for by nearly twenty thousand of the most influential men to be found in this country. Finally, we may observe, that the current of events clearly indicates that we have nothing to fear as regards the future, save from our own apathy, or the operation of illiberal prejudices and unjust suspicions.

THE disgust which has been excited by the new SPY "regulations" at the College of Surgeons, is not confined to the students, but is felt with equal force by all the independent lecturers. Of course the sycophants connected with the old "recognised" sinks of corruption, will smother *their* indignation, and make the required "quarterly returns"; but there are other teachers in the metropolis who not only will decline to attach the required marginal spy system commentaries, but who have already had the boldness to avow that such dishonourable and underhand practices shall never receive their sanction or co-operation. At a meeting of the students of the *London University*, which took place on Monday last, Professor QUAIN, with the manliness of character for which he is distinguished, declared, amidst the enthusiastic plaudits of the pupils, that he would never, for the information of any class of men, report what was passing within the walls of that institution, between the professors and the pupils, with reference to their intercourse.

What a rebuke is this to the designing despots who sought to obtain from the metropolitan medical lecturers and teachers, "Remarks as to attendance, absence, *et cetera*," of their pupils! The students themselves have everywhere taken alarm, and are acting in right-earnest in support of their rights, and for the maintenance of their independence. Hundreds of them have already expressed their determination never to disgrace themselves by purchasing the College diploma,

and therefore are indifferent to any "remarks" which may be inserted by the "friends" of the College, in the SPY-COLUMN of the quarterly returns.

An attempt has been made to justify the College in issuing the new batch of ordinances, on the ground that "regulations" of a similar description have long been issued by the Company of Apothecaries. There is a contrast in what has been done by these two bodies, but certainly the circumstances do not furnish a parallel. In the first place the students are not required, in registering their names at Rhubarb Hall, to furnish evidence that they have *then* made all the payments which are necessary for the *completion* of their education. Yet this has been done by the Council of the College of Surgeons. Again, in the documents issued by the Apothecaries' Company, the lecturers and hospital physicians and surgeons are not invited to establish an odious system of espionage over the private and professional conduct of the students.

But the question must be regarded in another light. The College of Surgeons, with reference to students, is *a mere voluntary society*,—an institution which received a charter in 1800, merely on the plea that the examination of candidates for admission to the army and navy, would prove of importance to the public services of the country. There is no law to compel students to go to the College of Surgeons, and the diploma of that body, as we have a thousand times stated, confers no legal privilege on its possessor while any individual in the community is as much entitled to engage in the practice of surgery as any person who has had the folly to pay twenty-two guineas for a piece of disfigured parchment. On the other hand, the Apothecaries' Company, under the Act of 1815, is *authorized* to demand testimonials from students, and can legally refuse even to admit candidates to an examination, "unless," to quote the words of the Act, "they shall produce testimonials to the satisfaction of the Court "of Examiners of a sufficient medical "education." (Clause 15.)

Having succeeded in passing the examination, how stands the Licentiate of the Hall? Why, the law confers upon him important privileges, to the exclusion of all individuals not similarly circumstanced. The member of the College of Surgeons is not his *equal*, but his *inferior* in point of *law*, and the possessor of the six-pound license may laugh at the legal pretensions of the holder of the twenty-two-guinea diploma.

Where then are the points of resemblance in the two cases? They are to be found only in the imagination. If, however, there had been no other source of objection in the College "regulations" than the odious SPY COLUMN, that alone ought to induce lecturers and students to treat the entire batch with contempt and scorn. All undue stretches of authority are in themselves sufficiently objectionable; but when *usurped* powers are made to extend in their evil operation far beyond the extreme path of legitimate prerogative, the usurpers themselves instantly become the objects of execration. One would imagine that the profits which the College people have already obtained from the certificate-system would have been sufficient to satisfy even their cormorant appetites for pelf, and that, unjust as they have often proved themselves to be, they would never resort to the odious device of plundering medical students of their time, in order that the robbery of their pockets may be perpetuated. Such, however, is the notable, the praiseworthy scheme of the Council, and the kind of success which must attend it is already evident. What, we would ask, is the extent of observation

which a lecturer can make on the assiduity of a pupil, when the share of duty which that lecturer undertakes to discharge for the pupil's benefit does not require of him to be in the lecture-room more than three or four hours in each week? And yet, with a *full knowledge* that the intercourse between lecturer and student is thus restricted, the teacher is called on to report on the extent of his pupil's assiduity, to which may be added all the "et ceteras" which malice, falsehood, and envy, can invent. As it is not possible for the teachers in the largest of our schools, according to their present arrangements, to become acquainted with the habits of the students, it is unjust, nay, absolutely infamous, that those lecturers should be called upon to make remarks on the character of the pupils on the hearsay evidence of a set of hired underlings. If the existing system of medical education brought the students and their teachers more frequently into each other's presence,—if the number of theatre-lectures were less, and the number of private admonitions were greater,—if there were resident medical officers in our hospitals who were ready to furnish during several hours of the day the benefits of clinical instruction,—then the testimonials relative to absence and attendance which could be furnished by officers so circumstanced, might be received as valuable documents; but even such men ought not to be permitted to deal in "et ceteras," and no institution of character or influence would descend to ask for information under a title which is rendered disgusting by its worse than equivocal signification.

In another part of our Journal will be found a report of some proceedings which have taken place at the London University, in consequence of the issuing of the spy regulations of the College. It has been suggested, we understand, in several of the schools, that an aggregate meeting of the medical students of the metropolis should be held in a central part of the town. Should such a measure be deemed desirable, a committee of senior students should be formed, in order to arrange, with appropriate care and deliberation, all those proceedings which are necessarily preliminary to the accomplishment of a great public object.

The clearing power of the press was very conspicuous in the operating theatre of *Guy's Hospital* on Tuesday last, when Mr. B. Cooper removed a penis from one patient; and Mr. Callaway operated on another. During the performance of these operations, the surgeons, the patients, and two dressers, were the only persons present in the area of the theatre, the floor of which used to be considered as remarkably clear when a dozen spectators were standing there. We have often seen between thirty and forty persons surrounding the patient on the floor of the theatre during an operation.

THE ANATOMY ACT.

FIRST LETTER FROM PROFESSOR QUAIN, LONDON UNIVERSITY.

To the Editor of The Lancet.

Sir,—A statement appeared in the *Morning Post* newspaper of Wednesday last, purporting to set forth a correct view of the working of the Anatomy Act. The writer, who in this instance comes forward as a correspondent or volunteer contributor to the *Post*, appears to be a lecturer on anatomy in one of the schools, and is evidently under the influence of much morbid feeling, which he evinces in almost every paragraph by keeping up a continued fire of abuse and imputation against one of the Secretaries in the Home Office, the framer of the Bill, and the Inspector who has been appointed to carry its provisions into effect. The Inspector is described as being a "young man,"

who, from circumstances, is ill-qualified to "carry into effect the provisions of the bill,"—and as being "closely allied with persons whose avowed object is to level all grades and ranks in the profession," and, by way of completing the catalogue of his offences, and concentrating into one point the grounds of his unfitness for his office, we are told, "that he is known to be intimately connected with Mr. Warburton."

Mr. Warburton is stated to be a person "whose hatred of all establishments is notorious, and whose interests make him doubly zealous to sacrifice all the existing schools to the London University." Mr. Phillips, the Under-Secretary of State, is also brought forward, as being a person "who has avowed his determination to depress the larger schools and to afford every possible facility to the less distinguished and less useful establishments," and our sapient anatomist and letter-writer avers that he has heard what he avows "from good authority."

I give the words just as they are written. I quote these passages to enable your readers and the public to form an estimate of the spirit and feelings of the individual who affects a solicitude to rectify abuse and oppose mal-administration. I know nothing personally of the author of this letter, but I know quite enough of his party and of their tactics to be able to form an estimate of their views, and of the measures which they contemplate, as well as the machinery by which they are to be carried into effect. The letter deserves attention, not only from the style in which it is written and the spirit in which it is conceived, but still more because it carries upon the face of it evidence of its being intended as a justification of the opinions and views of a few teachers of anatomy, who wish to get rid of a plan of proceeding under the Anatomy Act which they themselves advised and concerted soon after its coming into operation, and which they laid before the Home Secretary, in order to secure his co-operation in carrying it into effect.

At a meeting of the teachers of anatomy held some time after the passing of the Act referred to, it was unanimously resolved, that the bodies obtained for the purpose of anatomical examination should be distributed amongst the different schools in London equitably, the number assigned to each being proportioned to that of its students. Mr. Stanley presided on this occasion, and with a view to carry this resolution, the Inspector of Anatomy was requested to direct the distribution, with which request he complied. At a subsequent meeting Mr. Stanley and Mr. Mayo showed a disposition to depart from the agreement thus entered into, and this disposition they have continued to manifest at every step of their proceedings down to the present time.

Having observed this from time to time, I was not surprised at witnessing any effort which might be made to thwart the measure of equitable distribution, and upset any plan of proceeding which might be devised to carry it into effect; and the publication of the letter in the *Post* renders it obvious that decided steps are about to be taken to overthrow it altogether. I will not be so unjust to Mr. Stanley or Mr. Mayo as to insinuate that either of them is the author of the letter. I do not think that they had anything to do with it; and I am willing to believe that there is not more than one individual amongst the teachers, who would put forward such statements as it contains.

Why, it may be asked, is the *Morning Post* selected as the medium of an address to the public on the management of anatomical schools, and the plans adopted for the supply of bodies for dissection? Is it that the readers of that paper take an interest in these matters, or know any thing about them? Is that journal, however respectable it may be, the instrument which any person really disposed to correct abuses in medical concerns would choose in order to bring to bear upon them any efficient demonstrations of public opinion? On these points the reader will form his own opinion.

I pass to a consideration of the "evils" and the remedy proposed for them. The first is that "since the bill has passed, the schools have not been adequately supplied." The second, that "some schools are favoured by the Inspector." The latter would be a very serious evil if true; it is one which should not be permitted to exist for a single hour. Its truth or falsehood may be readily ascertained, and yet those with whom the charge originated, and who have industriously circulated it, are very tardy in supplying the means of removing all doubts concerning it. The teachers of anatomy have been required to forward to the Home Office returns of the numbers of their pupils. Returns have been made by all the schools with a few exceptions. When these parties have sent in their lists, it will be very easy for any individual who is so minded, to establish the charges against the Inspector if they are true.

When the complaint against the Inspector shall have been investigated, I suspect it will be found to be about just as true and as tenable as the imputations cast upon Mr. Warburton that he is filled with "interested prejudices," and on Mr. Phillips that he makes "mischievous and absurd regula-

tions," and leads the Chief Secretary away by "misrepresentations." I would not do the writer of this letter the injustice,—I would not detract from his understanding and acuteness so much as, to believe that he is convinced of the truth of either of these imputations. No, he has an object to attain, and is not over scrupulous in the means which he resorts to for its accomplishment. His object is to procure the adoption of his own favourite "remedy" for the defective supply of bodies to the schools. His remedy is to "let the lecturers and teachers exert themselves amongst the parishes," and "have a motive for their exertions;" and he promises to double the supply by such exertions. So anxious is the writer to commence operations that he intreats Lord Duncannon not to be "led away by the misrepresentations of Mr. Phillips," "the interested prejudices of Mr. Warburton, or the false statements of the Inspector:" thereby implying that he himself is the only adviser whose counsel should be listened to. If this gentleman, or those with whom he acts, meant fairly, I for one would not object to his "remedy."

But it is notorious that these parties confidently expect that they can accomplish the destruction of the smaller schools, and thereby increase the number of their own pupils, if they can induce the authorities in the Home Office to adopt the course which they point out, and let them have a motive (the strongest motive which can impel such minds), that of personal interest, for "exerting themselves among the parishes." In this expectation they are countenanced by some men of high rank in the medical profession, who think that there are too many schools, and that their number ought to be diminished. Even if the number of the schools were an evil, or if any of them be in bad odour with the "ruling powers," which I hope is not the case, is it to be tolerated in the present times, that a few teachers, backed by some leading surgeons connected with the hospitals, should league themselves together to remove what they are pleased to consider an evil, by construing in their own way, and wresting to their own purposes, the provisions of an Act of Parliament?

Though the letter in the *Post* is the act of an individual, the sentiments it expresses and the views it puts forth are entertained by a considerable party. Its ingenious author appears to have flung it as a missile at the Secretaries in the Home Office, in order to deter or disgust them from further interference in such concerns, hoping that he and his party may thenceforth be enabled to proceed unmolested to the attainment of their long-wished-for object—that of undermining certain schools, and depriving them of the means of carrying on the business of instruction; for they calculate on outstripping all rivalry in that sort of competition in which they are so anxious to engage, a competition in body-snatching among the parishes. I shall enable you to understand the tactics which will be played off, and the manœuvres which will be resorted to, if such a competition again commences, by briefly stating what has been done by the same parties within the last year or two.

At the commencement of the session 1832—33, the teachers of anatomy appeared for a while to be a united body. A feeling seemed to exist amongst them that they were to endeavour to induce as many parishes as possible to sanction the principle of the Bill, and that they should act each in his own district for the general good. Special resolutions, it is true, had been passed in several places in favour of particular schools, but this did not seem to be a matter of much consequence, as from the aspect which things then wore, it seemed probable that all these sources would in a short time form a common fund, out of which the schools would be supplied. This expectation was soon found to be altogether delusive, for an intimation reached us, now from one quarter, now from another, that inducements were held out to the directors in different parishes and public institutions, sufficiently cogent to make them confine the supplies of bodies altogether some of the hospital schools. In some cases, the directors were reminded that their sick poor had been from time to time received into the hospital, and it was asked, ought they not in fairness to send all the unclaimed dead bodies to the school of anatomy in that hospital? In others where no previous connexion had existed with the hospital, an offer was made to receive such of their sick as may require surgical aid, if they would pass a vote in favour of the school. In short, this consideration was put before them in a great variety of ways; and no one could show more ability than Mr. Stanley in putting forward such inducements as these. He showed the skill of a first-rate artist in varying them, I had almost said *ad infinitum*. Before I knew his eminent capability in this line, I made an arrangement with Mr. Stanley to accompany him to a parish board, in order to state to the members of it (most of whom were favourable to the principle of the Bill), that the teachers were acting in concert, and that it made no difference whether they passed a vote in favour of

one, two, or more schools. However, a day or two before the expected meeting of the Board, I learned that the hospital interest had been brought to bear with such effect in a particular parish, that a special vote in favour of the school in *St. Bartholomew's Hospital* would be passed on the ground that the sick poor were occasionally received into that institution. Having learned this from one of the churchwardens, I resolved not to interfere any further, in which I was certainly wrong, for the directors, after hearing a statement from Mr. Grainger, resolved not to pass an exclusive vote, and so they included Mr. Grainger's name with that of Mr. Stanley. Seeing the turn events were taking, I did not consider myself called upon to keep the appointment above mentioned with Mr. Stanley, and felt that it became necessary to walk very warily, henceforward, whilst moving in the same path with that gentleman. Shortly after this occurrence, a demonstration of the hospital influence was made, which showed the extent to which it would be pressed whenever an occasion offered. The governors of a charitable institution directed the unclaimed bodies to be given up to three schools which were named in their resolution. This however was not long in operation, for at a subsequent meeting it was rescinded, and a vote passed in favour of the school in St. Bartholomew's Hospital, the ground of the new decision being that such of the patients as required surgical aid were received into the hospital, and that therefore as a return, the unclaimed dead ought to go to the school. I understood at the time of this occurrence, that an eminent surgeon attended the meeting, and urged the plea here stated. It is but fair to Mr. Stanley to add, that he did not interfere in this particular instance.

It may be supposed that this sort of influence was brought to bear only in cases of competition with private schools, and that strict forbearance was exercised with regard to those connected with the hospitals. Such however has not been the case. The men of *St. Bartholomew's* are far too impartial to make any such petty distinctions, and appear to consider it quite as legitimate to trip up an hospital school as any other. A vote was passed by the governors of one of the prisons in favour of the school in *St. Thomas's Hospital*, but in a little time it was cancelled, and *St. Bartholomew's* was adopted in preference. It is due to Mr. Stanley to say, that he disclaimed the honour of this achievement, and awarded it to a well-known city knight, who made the move without consulting him.

Now pray, good Mr. Editor, step with me for a little into the Borough, that we may see how the campaign went on in that quarter. The Borough King won more victories in a few short months than any other potentate whom we know or have read of. He rode triumphant at every point, carrying all before him. With one hand he smote Grainger, with the other demolished St. Thomas. By Jove "'Twas greatly done." You will say, doubtless, what did he do? Attend, and you shall hear. I transcribe in sober seriousness the following short passages from a statement which has been sent to me by a person who vouches for its accuracy. In the parish of ———, "the officers passed a resolution to send all unclaimed bodies to the three schools in the Borough, the number assigned to them respectively being proportioned to that of the pupils attending each school.

"Mr. Harrison, after this resolution was passed, offered to receive the sick paupers of the parish into the hospital, without the usual weekly payment, on condition that all the bodies available under the Anatomy Act should be sent to the school in Guy's Hospital." My informant does not say whether the offer was accepted. A similar offer was made in a neighbouring parish, and the officers of *Guy's* moreover "urged the claims of the hospital upon the parish as renters."

In another parish a conditional resolution was adopted to give up unclaimed bodies, upon hearing of which, "Mr. Harrison offered to receive into the hospital, not only the sick paupers, without the usual compensation, but likewise their incurables, on condition that all their unclaimed bodies should be sent to Guy's. This offer was accepted, and a minute to that effect was made in the parish book, which, however, was rescinded at the next meeting, in consequence of the very intelligent surgeon exposing the affair in its proper light in many other parishes. I believe Mr. Harrison has made similar offers elsewhere."

Here is a pretty catalogue of compacts and treaties between high contracting parties,—all of them, doubtless, we may be told, originating in a love of science, and conducted in a spirit of true philanthropy. These are the "exertions amongst the parishes" which the writer in the *Morning Post* deems so worthy of his commendation. These are the things which men do, when, to borrow again the words of the *Post*, "men have a motive for their exertions."

Here, Mr. Editor, let me pause, and look back upon what I have written. I find that I have trespassed already too far

upon your valuable space, and yet I have not half done. Will you then allow me to resume the subject next week? I have not told you what the men of *King's College* have done,—what the *University* people have done—what those at *St. George's* have done. When all this is laid before you, you will have an essay on "body-snatching;"—you will see at once its cause and its cure; and who will say that it should not be put an end to in whatever form it rises up? The practice of exhumation has been suppressed by law. Shall the spirit of body-snatching be permitted to walk abroad amongst us disguised in the garb of a gentleman?

I am, Sir, yours, &c.
JONES QUAIN.

November 19th, 1834.
50, Great Coram-street, Russell-square.

THE NEW COLLEGE REGULATIONS.

To the Editor of THE LANCET.—Sir,—Whatever diversity of impression may exist in the medical school of the London University on immaterial points respecting the late meeting of students in their anatomical theatre, please to let this be distinctly understood, if you notice that meeting in your Journal,—that seniors and juniors,—one and all in the surgical classes of those who think and speak for themselves, and these amount to nearly 250 in number—consider the new regulations issued by the College of Surgeons, unnecessary and vexatious, and such as ought neither to have been imposed upon gentlemen, nor put forth by functionaries whose sole desire is to promote science, and guarantee to the public a competent supply of surgeons. If the Council really want to secure the competency of such candidates as are induced to present themselves at the College, why do they not institute the true test of knowledge,—a public examination,—granting the diploma according as the candidate proves by his answers that he understands and can practise the art of surgery? Every student knows that registrations and certificates are no evidence of attainments or ability, and as for the trumpery private "examination" which is instituted by the Board of Examiners *after* the purchase of certificates from the examiners and their friends in other places, it is (according to the report of every student that I have ever known to pass) a scandal to the age. God help the public which has to trust to that test of competency! But the certificate-system must be too profitable to the Council to be abandoned. Such, at least, is the deduction derived during the various payments made for securing the required certificates by your obedient humble servant,

A SENIOR STUDENT OF THE UNIVERSITY.

St. Pancras, Nov. 18th.

REVIVAL OF THE DOINGS IN CONDUIT STREET. — *To the Editor of* THE LANCET.— Sir,—The respect I have always had for the medical profession, and a sense of the benefits it confers on mankind, induce me to advert, through the medium of your inestimable Journal, to a system of *practice* which merits reproach, and that too in the establishment of an individual from whom we have a right to expect very different conduct.

Severely afflicted with a disease in the urethra, I was recommended to consult Sir Astley Cooper. On calling at his house, his servant told me that he was in France, but that *his partner* would see me. Before having time to reflect, a person introduced himself to me, who endeavoured most clumsily and ineffectually to pass a bougie, when I insisted that the attempt should no longer be persevered in unless I could see Sir Astley Cooper himself. I then prepared to go, but when on the point of leaving the room he said, "I suppose, Sir, you know *our* terms. Our terms are a guinea!" I did not, however, submit to such an imposition, and I have since derived satisfaction from not submitting to the attempt at extortion, having found out that this partner or *representative* of the great Sir Astley is no less a man than the son of his former footman. I have the honour to remain, Sir, your obedient servant,

J. M.

P.S. I am told that Sir Astley receives two-thirds of the fees which his "partner" succeeds in obtaining.

SENEX *to the Editor of* THE LANCET.—Sir, Having been a reader of your Journal for nine years,—having, I may say, with a jealous eye, scrupulously watched your conduct,—having, in almost every act of your public conduct, had reason to applaud it,—I have really never felt more annoyed, or more hurt, than on perusing the farrago of sycophantic nonsense which was alleged to be the "dedication" written by Dr. Hope in his work on the Heart. It is necessary, Sir, sometimes, to be serious even while we are jesting. Such an imputation on the character of Dr. Hope, if it were to remain uncontradicted, might

prove his ruin. He is an industrious young man, and deserves better treatment. Had he actually written such a dedication, no strictures which you could have bestowed on his conduct would have been considered as undeserved by your constant reader,

SENEX.

London, Nov. 17th, 1834.

*** With the exception of the word "auscultator," which was, ludicrously enough, misprinted "propagator," the dedication was inserted exactly as it stands in the work of Dr. Hope. On reading this statement, we fear that our benevolent correspondent will not consider that he has, by writing the above letter, conferred a very essential service on Dr. Hope.—ED. L.

MINIMS AND DROPS.—*To the Editor of* THE LANCET.—Sir, in the small glass measure designed for the measurement of minims, and invented some years ago by the late Mr. Lane, water was taken as the standard, 60 drops being 3j, or 60 minims. I have dropped into the measure 60 drops of water, and I find that it measures exactly 3j, or sixty minims, as above stated. I have also dropped from the same vial 116 drops of tinct. opii, which exactly measure one drachm. "E," in No. 7, page 257 of LANCET, Nov. 8th, 1834, has made a mistake in stating that only 35 drops of water are equivalent to one drachm, and that 140 drops of tincture of opium bear the same relative proportion. I find that 24 drops *less* than what is stated in "E.'s" scale, will fill the one drachm measure. The other liquids I have not measured. I am, Sir, yours respectfully,

F. H. DIAMOND,
Student in Medicine.

St. Pancras, Nov. 16th, 1834.

BARON DUPUYTREN.—(*From a Correspondent in Paris.*) Baron DUPUYTREN's health, I regret to say, does not improve, and I fear it is gone for ever. This will be a great loss to the French School of Surgery. He made his will yesterday, by which he has bequeathed eight thousand pounds for founding a new professorship in the School of Medicine. This reflects great honour on him, and affords an indisputable proof of his real love of medical science. Without making any personal allusions I cannot help contrasting the conduct of Dupuytren, certainly by far the most erudite and accomplished surgeon in Europe, with that of some of the heads of the profession in London. While this distinguished individual has been occupied during the declining days of his life in bestowing a large portion of his hard-earned fortune to facilitate and promote the advancement of medical science, the most affluent of your London College men seem to be solely occupied in contriving and enacting statutes which seem expressly designed to fill their pockets with the money of students, and thus use their best efforts to stem the tide of professional improvement. I also regret exceedingly that your *London University*, founded by the English "liberals," has not set the example of lowering the extravagant fees of your medical institutions. Above all I am sorry that the professors should in these times have fixed the price of admission to the University hospital practice for "six months" at so high a sum as *fifteen guineas*. Here, thanks be to the Government, all our hospitals are open to the medical students under proper regulations without the payment of a fee. True, indeed, was Napoleon's remark when he called you a nation of tradesmen.—Paris, November 6th.

ST. GEORGE'S HOSPITAL.

(*From a Correspondent.*)

THERE are a few points in the election meeting which took place on Friday the 7th, at *One o'clock*, which have not been recorded, but which ought to be. The unpleasant sensations which appeared to prevail in the numerous body of *new governors* who had been elected to support Sir B. Brodie's young man, were especially worthy of note. It is but justice to some of them to state, that they seemed to feel very much the awkward position in which they were placed as guardians of a public charity. There, however, they were, for a particular purpose, with many other dependants and active agents of Sir B. Brodie, who, with his satellites, formed a striking group from the pallor of their appearance. Amongst the most active of the latter were, Messrs. Powell, Nussey, Goode, Andrews, and Howship; respectable characters, all kept together, like the witnesses in a shy "cause." Many of the old Governors were from distant parts of the country, and an Amazonian (a mother of one of the surgeons) was absolutely employed to muster troops at a military club in the west, and march them to the field.

Such was the scene. Indeed, since the period of the former meeting, when the

new appointments were resolved on, the hospital has afforded a daily arena of contention, wrangling, dispute, and intrigue. Amongst other modes of war, an anonymous paragraph appeared in one of the daily papers, having evidently two purposes, one of them to extol Mr. Walker, and Mr. Lane; the other to involve the new Baronet in a paper fight. It had the merit of eliciting a reply from Sir Benjamin, which in verbosity and craftiness was equal to the anticipations of those who knew the objects of his late selfish and unprofessional movements. It called from Mr. Walker a bitter exposure of Sir Benjamin's misstatements regarding the causes which had led to the appointment of Mr. Brodie, Mr. Keate, and the late Mr. Ewbank, as assistant-surgeons, and showing that intrigues equally disgraceful were practised on those occasions. Mr. Keate, it appears, was made an assistant-surgeon of St. George's, not because the institution required such an officer, but that he might serve an uncle who was already there, and to secure his own election as surgeon when his uncle's place should be vacant by the removal of that affectionate relative to a better and happier state. Mr. Brodie was made assistant to Sir Everard Home for similar benevolent purposes, and the late Mr. Ewbank, consistently with the same system, was appointed under the late Mr. Griffith, to whom report said a very large bonus was given as a retiring fee,—a circumstance which it could not be expected Sir Benjamin would divulge on the present occasion, and to which Mr. Walker had not the sagacity to allude.

The result of the election on the 7th was exactly what might have been anticipated from a six months' start in the canvass, the creation of upwards of *forty new governors*, and the possession of a "certificate" from Sir Astley Cooper for exhibition to the non-professional electors.

With regard to the assistant-physician, the appointment seemed to create no kind of interest in any quarter, the duties of such an office being regarded as of minor importance. Jack Noakes or Tom Styles might have had it, had either of those gentlemen dedicated a thick volume to the medical staff, and printed their names in **conspicuous letters.** The circumstance of Jack or Tom having been assistant-fabricator to Roderick, would probably have increased their recommendations as candidates.

GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I read with perfect astonishment the account contained in your last week's journal of a fracas which took place at Guy's Hospital, between one of Mr. Morgan's dressers and Mr. Napper, of Pulborough, who is there designated "Mr. Pupil." I do not for one moment hesitate to contradict every assertion made by your informant respecting it, and I denounce the whole of the column in page 299, as being nothing but a fabrication, having not the slightest basis in truth.

On the day mentioned in the statement the area in the operating theatre was remarkably well cleared; no dressers but those of the surgeon operating standing within the circle. Mr. Rathill's duty compelled him to take a station near the patient, but he selected one which prevented the least possible number of students from seeing what was going on. Behind him and in a portion of the theatre not appropriated to the use of pupils, stood Mr. Napper. Suddenly, before the operation had commenced, and certainly without any previous intimation of his wishes, he leaned forward and struck Mr. Rathill a violent blow on the head with his hat. Mr. R. took no immediate notice of the insult, or rather assault, but on the conclusion of the operations Mr. Rathill asked Mr. Napper what he meant by striking him so hard a blow, and begged he would never repeat the liberty. I was not sufficiently near to hear the whole of the conversation, but I am assured by Mr. Rathill and many other gentlemen who were standing near that nothing like an apology was offered by Mr. Napper; on the contrary, his language was exceedingly insolent, threatening to repeat the outrage when he thought proper. He at length seized Mr. Rathill's arm, which was resented by a blow in the face of the assailant; others of course followed, and had it not been for the prompt interference of Mr. Browell, the steward of the Hospital, I fear Mr. Napper would soon have been placed in one of its wards, in spite of his professed pugilistic skill, which in this instance availed him but very little.

Your informant, Sir, knew too well the infamy that would attend such a step to subscribe his name to a piece of composition of which he might justly be ashamed. I am, Sir, your obedient servant,

J. H. FREEMAN.

Guy's Hospital, Nov. 18, 1834.

LOCK HOSPITAL, LONDON.

GONORRHŒA, WITH BUBO.

WILLIAM TAYLOR, ætat. 23, contracted a gonorrhœa three weeks since; has had sores two weeks, and a bubo one week. He has taken cubebs and balsam copaibæ. Has been accustomed to drink hard of gin and beer. Has had connexion once since the sore appeared. He says he was in the hospital three months since, for a period of seven weeks. The urethral discharge is thick and yellow, and there is some scalding in passing the urine. There is a yellow ulcerated surface on the edges of the extremity of the exposed urethra, with red and somewhat thickened edges. There is a large painful bubo in the left groin, in the upper range of the inguinal glands, where the skin is thin and red. The general state of health is good; the bowels are rather confined. *Lotio Nigra et Cataplasma Penis* partibus affect. *Haustus Sennæ* cras primo mane sumend.

23. ℞ *Extract. Hyoscy.* gr. v; *Pulveris Jacobi* gr. iv; omni nocte sumend. *Pulv. Pip. Cubebæ* ʒij quaterve quotidie sumend.

25. Discharge rather less; sore much cleaner; granulations forming around the circumference; bubo rather painful; skin redder; bowels open.

Feb. 1. ℞ *Decoct. Cinchonæ* ʒiss; *Balsam. Copaibæ* ℥[xl], ter die sumend.

6. ℞ *Balsam Copaibæ, Tinct. Catechu,* aa ʒiss, bis quotidie.

8. Perstet in usu medicinæ.

11. Omitt. *Balsam. Copaib.*, et sumat *Æger. Pulv. Gonorrh.*, quaterve quotidie, e decoct. hordei.

13. Bubo much better, and discharging a purulent serum. There is much discharge from the urethra, and there is likewise some scalding, with painful erections at night. Bowels much purged today. He could not take the copaiba, which he says purges him, and makes him sick.

15. Sumat *Liquor Potassæ* ʒj, ter quotidie e quando vehiculo idoneo.

18. Omitt. medicament. et sumat *Secale Cornut.*, in pulv., gr. x, ter in die.

27. Perstet in usu *Secale Cornut.* gr. x, quaterve quotidie. A seton thread was passed through the bubo. The ardor urinæ has almost entirely subsided. The involuntary erections at night continue, but are unaccompanied with pain.

March 4 and 8. Perset.

10. The seton thread was withdrawn to-day. The scaldings and erections at night have subsided.

13. The bubo is very much better, discharging but very little. The urethral discharge continues undiminished.

15. ℞ *Pulv. Galbani* gr. xii; *Pulvis Trag. C.* ʒj. M. Fiat pulvis ter quotidie sumend.

18. Perstet in usu pulv.

April 2. The bubo has been healed one week. There is still some slight urethral discharge, which is thin and watery. Haustus copaibæ ter in die sumend.

10. Discharge almost entirely gone.

18. Perstet

20. Left the hospital convalescent.

ST. BARTHOLOMEW'S HOSPITAL.—A case of compound fracture of the bones has excited much interest here, in consequence of its proving necessary to extract three pieces of bone of considerable size from the limb. Hemorrhage from the post tibial artery ensued, and greatly reduced the patient, when Mr. Skey tied the injured vessel.

A report of the case shall appear in our next number.

THE NEW REGULATIONS.—*To the Editor.*—Sir, How is it that in the new registration at the College no exception has been made for the students who began their studies this season? It has always been the custom when new regulations have been made after the 1st of October (both by the College and the Hall) to exempt all students who had already entered to lectures and hospital practice. I understand the College requires each student to show his indentures when he registers his name. This would be inconvenient to all, but impossible for those whose apprenticeship has not yet expired, some of whom, when at home, live two or three hundred miles from hence. This is a most unreasonable exaction. I am, Sir, your obliged servant,

A STUDENT.

GUY'S HOSPITAL.—*To the Editor.*—Sir, Surgical clinical lectures are advertised to be given at this Hospital, and at the commencement of each session, when gentlemen are about entering, Mr. Morgan gives *one* with a *promise* to continue them *regularly*, yet he seldom gives more than three or four during the whole season. This cannot be from want of patients, for he has always numerous cases in the house worthy of comment. It seems very rare to keep promises made to students at the hospitals. I am, Sir, yours,

A STUDENT AT GUY'S.

Nov. 5th, 1834.

CHARACTER OF THE COLLEGE OF PHYSICIANS, BY A FELLOW.—Dr. George Burrows's evidence before the Parliamentary Committee concluded thus:—

"Is there anything else that you wish to state to the Committee?

"I wish to state upon this occasion that I am one of those fellows who, ever since my admission into the Royal College of Physicians, has been extremely anxious that a reform should take place. I feel that, as the College of Physicians is now constituted, it is neither capable of protecting the public from improper persons practising, nor is it capable of protecting those who are admitted into the College, in their rights; and then I consider it is established upon far too exclusive principles, not admitting very able men from other places than from the two English Universities.

"You think it is so constituted that it does not lead to harmony between the various classes of physicians; and that it does not lead to a willing obedience being paid to its recommendations on the part of the various branches of the profession?

"I think those are the results, from the present constitution of the College of Physicans.

"And the consequence is, that it does not command that respect which it is desirable should be paid to it by the public?

"With respect to the medical public, that is the case; but with respect to the public generally, I think that they are hardly capable of judging."—*Vide* LANCET edition of *Parl. Med. Evid.*

A correspondent informs us, that although there may not have been more than eight persons who *sat out* the introductory lecture of Dr. SOUTHEY, yet that more than forty gentlemen went in and out of the room. He also says that Dr. ASHBURNER did not buy the chair of Midwifery at St. Bartholomew's Hospital, as Dr. CONQUEST had played such a game with the pupils, that he was obliged to turn out without receiving a farthing, for the goodwill, from the incoming tenant, whoever that tenant might be. At the close of the surgical lecture immediately following the deposition of Dr. ASHBURNER, the lecturer told the pupils that they must not consider that the medical officers had removed Dr. A. from his official situation, but that the students had prevented him from lecturing,—a wide distinction, which he intimated must be considered as leaving the chair still open to the resumption of Dr. A. when the existing feeling had subsided.

CORRESPONDENTS.

The statement relative to the recent appointment of Dr. William Cumin to the chair of midwifery in the University of Glasgow, is of a character which requires to be authenticated confidentially before it can be inserted.

We have received a copy of the charter lately granted to the *Medico-Chirurgical Society*. One portion, which confers on four-fifths of ten individuals extraordinary power, we shall extract on another occasion for the benefit of our readers. It is altogether a humdrum document, and the Society was probably better without it than with it.

A Subscriber to the Building will probably learn on inquiry at the institution, that such reasons existed for making the deprecated arrangement as are calculated to allay the feelings of anger expressed in his letter.—*A Constant Reader*. We have perused the cases, and consider that the Dr. has so fully exposed his own malpractice as to render criticism an unnecessary task.—*A Looker-on*. Information of the new success alluded to has not yet reached us.—*B. W.* Another Pharaoh *has* arisen who will not know Joseph, but Joseph has long ceased to derive benefit from the friendship of the deposed Pharaoh. The progressing cause of reform will not derive so much advantage from agitation of the point mooted by *B. W.* at this moment, as it will do on another occasion.—*A. M. W.* had hawked his paper before we had time to decide on his merits. It is a good record of facts which do not possess novelty.—*Mr. Barrett*. The drawing was mislaid, but is now in the hands of the engraver.—*A. B.* cannot act as he proposes without being liable to the penalty. The mode of charge does not render him less amenable to the law.—*Filius Spei* has no chance of accomplishing his object at either of the institutions without strict compliance with their regulations. By hard study he might, under a new law, become the possessor of a license to practise. But that also is a work of time.—The communications of Dr. Fosbroke, Mr. Fearn, Mr. Saville, Mr. Meade, Dr. Roberts, &c., are unavoidably postponed.—*Mr. Farrow*. Does not the illustration derived from the word "mouthfuls" set that point at rest?

The author of the letter respecting Mr. Clayton must afford us proof that his charge is correctly founded.

We have complied with the request of our friend *Mr. English*, by post.

W. C. We cannot say how long, but the enactment of a new law cannot be postponed to a very distant period.

S. S. J.'s statements relative to the supply ought to have been authenticated.